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SALUS POPULI SUPREMA LEX ESTO

"The welfare of the people shall be the supreme law."

ROBIN CARNAHAN

SECRETARY OF STATE

MISSOURI REGISTER

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ROBIN CARNAHAN

Administrative Rules Division

James C. Kirkpatrick State Information Center

600 W. Main

Jefferson City, MO 65101

(573) 751-4015

DIRECTOR

BARBARA WOOD

•

EDITORS

BARBARA MCDOUGAL JAMES MCCLURE

•

ASSOCIATE EDITORS

CURTIS W. TREAT SALLY L. REID

•

PUBLISHING STAFF

WILBUR HIGHBARGER JACQUELINE D. WHITE

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The rules are codified in the *Code of State Regulations* in this system—

Title	***Code of State Regulations***	**Division**	**Chapter**	**Rule**
1	CSR	10-	1.	010
Department		Agency, Division	General area regulated	Specific area regulated

They are properly cited by using the full citation , i.e., 1 CSR 10-1.010.

Each department of state government is assigned a title. Each agency or division within the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraph 1., subparagraph A., part (I), subpart (a), item I. and subitem a.

RSMo—The most recent version of the statute containing the section number and the date.

Rules appearing under this heading are filed under the authority granted by section 536.025, RSMo 2000. An emergency rule may be adopted by an agency if the agency finds that an immediate danger to the public health, safety or welfare, or a compelling governmental interest requires emergency action; follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances; follows procedures which comply with the protections extended by the *Missouri* and the *United States Constitutions*; limits the scope of such rule to the circumstances creating an emergency and requiring emergency procedure, and at the time of or prior to the adoption of such rule files with the secretary of state the text of the rule together with the specific facts, reasons and findings which support its conclusion that there is an immediate danger to the public health, safety or welfare which can be met only through the adoption of such rule and its reasons for concluding that the procedure employed is fair to all interested persons and parties under the circumstances.

Rules filed as emergency rules may be effective not less than ten (10) days after filing or at such later date as may be specified in the rule and may be terminated at any time by the state agency by filing an order with the secretary of state fixing the date of such termination, which order shall be published by the secretary of state in the *Missouri Register* as soon as practicable.

All emergency rules must state the period during which they are in effect, and in no case can they be in effect more than one hundred eighty (180) calendar days or thirty (30) legislative days, whichever period is longer. Emergency rules are not renewable, although an agency may at any time adopt an identical rule under the normal rulemaking procedures.

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 240—Public Service Commission
Chapter 13—Service and Billing Practices for Residential Customers of Electric, Gas and Water Utilities

EMERGENCY AMENDMENT

4 CSR 240-13.055 Cold Weather Maintenance of Service: Provision of Residential Heat-Related Utility Service During Cold Weather. The commission is adding section (14).

PURPOSE: This amendment provides additional repayment plans for residential users of natural gas for heating purposes.

*EMERGENCY STATEMENT: The price of natural gas has risen sharply throughout the fall to a new high level, requiring many households to spend a much higher percentage of their overall budgets on home heating than in previous winters. This amendment offers options for level payments throughout the year and lessens the financial requirements for those customers disconnected for non-payment to be reconnected to a natural gas supply. As the heating season progresses, without this emergency relief, some customers will not be able to pay their bills in a timely manner, which may result in termination of heating service to their homes. This emergency amendment is necessary to protect the public safety, health and welfare, as without home heating during the winter months, people will suffer and may die. The Public Service Commission has conducted an expedited proceeding, including notice and the receipt of comments and convening a public hearing to take testimony and hear comments. This emergency amendment includes a mechanism whereby natural gas utilities subject to this amendment shall be able to recover all of the reasonably-incurred costs of complying with this amendment. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the procedural and substantive protections extended in the **Missouri** and **United States Constitutions**. The Public Service Commission believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed December 16, 2005, effective December 26, 2005, expires March 31, 2006.*

(14) Special Provisions for the 2005–2006 Heating Season. This amendment only applies to providers of natural gas services to residential customers. Other providers of heat-related utility services will continue to provide such service under the terms of sections (1) through (13) of this rule. The provisions of sections (1) through (13) of this rule continue to apply to providers of natural gas service except where inconsistent with the terms of this section.

(A) From January 1, 2006 through March 31, 2006, notwithstanding paragraph (10)(C)2. of this rule to the contrary, a gas utility shall restore service upon initial payment of fifty percent (50%) or five hundred dollars ($500) whichever is lesser, of the preexisting arrears, with the deferred balance to be paid as provided in subsection (10)(B). Any reconnection fee, trip fee, collection fee or other fee related to reconnection, disconnection or collection shall also be deferred. Between January 1, 2006 and April 1, 2006, any customer threatened with disconnection may retain service by entering into a payment plan as described in this subsection. Any payment plan entered into under this emergency amendment shall remain in effect (as long as its terms are adhered to) for the term of the payment plan even after the effective period of this amendment has expired. However, a gas utility shall not be required to offer reconnection or retention of service under this subsection (14)(A) more than once for any customer.

(B) Any customer who is not disconnected or in receipt of a disconnect notice shall, at the customer's request, be permitted to enroll immediately in a gas utility's equal payment, budget-billing or similar plan. Any current bill or existing arrearage at the time of enrollment shall be dealt with consistent with paragraphs (10)(B)1. through 4. of this rule, provided that the customer agrees to make the initial payment prescribed in paragraph (10)(C)1. or subsection (14)(A) as applicable.

(C) If a customer enters into a cold weather rule payment plan under this rule:

1. Late payment charges shall not be assessed except with respect to failure to make timely payments under the payment plan; and

2. The gas utility shall not charge customers interest on the account balance for any deferral period.

(D) Any customer who enters into a cold weather rule payment agreement during the time this emergency rule is in effect and fully complies with the terms of the payment plan shall be treated, going forward, as not having defaulted on any cold weather rule payment agreement.

(E) A gas utility shall describe the provisions of section (14) in any notices or contacts with customers. In telephone contacts with customers expressing difficulty paying their gas bills, gas utilities shall inform those customers of their options under section (14).

(F) A gas utility shall be permitted to recover the costs of complying with this rule as follows:

1. The cost of compliance with this rule shall include any reasonable costs incurred to comply with the notice requirements of this rule;

2. The cost of compliance with this rule shall not include any lost revenues or other costs associated with the gas utility's agreement to temporarily waive or suspend reconnection fees or deposit requirements otherwise applicable to customers who were qualified for financial assistance under the Low-Income Heating Energy Assistance Program and who applied for or received such assistance during the winter of 2005 through March 31, 2006;

3. No gas utility shall be permitted to recover costs under this subsection that would have been incurred in the absence of this emergency amendment; and

4. Any net cost resulting from this rule as of June 30, 2007 shall accumulate interest at the utility's short-term borrowing rate until such times as it is recovered in rates.

(G) A gas utility shall be permitted to recover the costs of complying with this rule through an Accounting Authority Order:

1. The commission shall grant an Accounting Authority Order, as defined below, upon application of a gas utility, and the gas utility may book to Account 186 for review, audit and recovery all incremental expenses incurred and incremental revenues that are caused by this emergency amendment. Any such Accounting Authority Order shall be effective until September 30, 2007.

2. The commission has adopted the Uniform System of Accounts in 4 CSR 240-4.040. Accounting Authority Orders are commission orders that allow a utility to defer certain expenses to Account 186 under the Uniform System of Accounts for possible recovery later. *State ex rel. Office of the Public Counsel v. Public Service Commission*, 858 SW2d 806 (Mo. App. 1993); *Missouri Gas Energy v. Public Service Commission*, 978 SW2d 434 (Mo. App. 1998).

(H) This section shall be in effect through March 31, 2006.

*AUTHORITY: sections 386.250 and 393.140, RSMo 2000 and 393.130, RSMo Supp. [2003] **2004**. Original rule filed June 13, 1984, effective Nov. 15, 1984. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed Dec. 16, 2005, effective Dec. 26, 2005, expires March 31, 2006.*

Title 10—DEPARTMENT OF NATURAL RESOURCES
Division 40—Land Reclamation Commission
Chapter 7—Bond and Insurance Requirements for Surface Coal Mining and Reclamation Operations

EMERGENCY AMENDMENT

10 CSR 40-7.011 Bond Requirements. The commission is amending sections (1)–(7) of this rule.

PURPOSE: This rule will change the bond requirements for surface coal mining operations from a bond "pool" to "full cost" bonding. This rule also clarifies what types of bonds are acceptable and establishes the specific requirements for each.

EMERGENCY STATEMENT: This emergency amendment changes the current state bonding requirements for surface coal mining operations from that of a bond "pool" to "full cost" bonding. It also describes which types of bonds are acceptable to be filed with the director of the Land Reclamation Program and their specific requirements in order to be deemed acceptable. This emergency amendment is necessary because of a compelling governmental interest. Without this amendment the existing coal industry will be required to waste significant amounts of money and resources in order to comply with current rules only to change again when full cost bonding becomes effective later on in 2006 as described below. Additionally, federal monies will be lost that would otherwise be used to protect the public's safety and general welfare in the vicinity of old, abandoned coal mines as further described below. Therefore, this amendment is seen to be necessary in that it will provide for a seamless transition for the existing coal mining industry from the current federal regulation of this industry to one of state regulation. This transition from federal to state control is expected to take effect during January, 2006.

Federal regulation requires full cost bonding which the coal industry is currently seeking to comply with. In fact all but one coal permit is adequately covered for full cost bonding. If this rule is not enacted as an emergency measure the industry would be mandated to comply with the current "bond pool" state regulation. This would require a complete replacement of most industry bonds in force at the present time. This would be burdensome on this industry in that the cost of replacing bonds and the time involved in doing so would be a significant financial impact on these businesses. To further this explanation, an additional burden would be realized by the coal mining industry when the normal, proposed rulemaking for this amendment becomes effective during the summer of 2006. After replacing all bonds to comply with existing "bond pool" state regulation, the industry would once again be required to replace all bonds to comply with the "full cost" bonding provisions of this amendment. Rather than put the industry through such a scenario of replacing bonds in January then replacing them again in August only to arrive at the same point they presently are, it seems justifiable to request that this emergency rulemaking become effective to keep the current federally mandated bonding requirements stable and uninterrupted in order to minimize the effects on the industry this amendment is designed to address.

Also, this emergency amendment is seen to be necessary in order to provide for protection of the public's health, safety, and general welfare. In order for the state to acquire primacy in the regulation of the coal mining industry from the federal government, including the administration and the receipt of federal monies for the implementation of the abandoned mined land program, this emergency amendment to the existing rules must first be in place. The abandoned mined land program is a program where very old, pre-law coal mine sites are reclaimed by the state with monies provided by federal grant. Oftentimes, abandoned coal mined lands pose serious safety threats to the general public and, at times, health problems may also be realized in and around areas of past coal mining where no reclamation was ever required. If this emergency amendment is not placed into effect in January 2006, the federal grant monies will not be available to the State of Missouri in order to address the remediation of sites that pose a health and/or a safety issue for those citizens living in or around old, abandoned surface coal mines. These citizens are then left with no recourse other than to live with these imminent dangers to their health and/or safety other than to provide for remediation out of their own pockets. This is generally well beyond the financial reach of most ordinary citizens of the state.

*A proposed amendment which covers this same material was published in the January 3, 2006 issue of the **Missouri Register** (31 MoReg 28–32). The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the **Missouri** and **United States Constitutions**. The Land Reclamation Commission believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed on December 21, 2005, effective January 1, 2006, expires June 29, 2006.*

(1) Definitions.

(C) Personal bond means an *[undertaking by the permittee to successfully complete reclamation according to commission regulations,]* **indemnity agreement in a sum certain executed by the permittee as principal which is** supported by negotiable certificates of deposit or irrevocable letters of credit which may be drawn upon by the *[commission]* **director** if reclamation is not completed or if the permit is revoked prior to completion of reclamation.

(D) Phase I bond means a performance bond conditioned on the release of *[eighty percent (80%)]* **sixty percent (60%)** of the bond

upon the successful completion of Phase I reclamation of a permit area in accordance with the approved reclamation plan**.** *[, with the rest of the bond remaining in effect until Phase III liability is released.]*

(2) Requirement to File a Bond.

(A) After an application for a permit to conduct surface coal mining and reclamation operations has been approved under 10 CSR 40-6, but before the permit is issued, the applicant shall file with the director a performance bond payable to the */s/***State of Missouri**. The performance bond shall be conditioned upon the faithful performance of all the requirements of the Surface Coal Mining Law, the regulatory program, the permit and the reclamation plan, and bonded liability shall continue until reclamation is completed and approved by the *[commission]* **director**. In the event of forfeiture, the amount remaining on the bond may be used to complete reclamation in any location in the permit area.

(B) The applicant shall file, with the approval of the director, a bond or bonds under one of the following schemes to cover the bond amounts for the permit area as determined in accordance with 10 CSR 40-7.011(4):

1. A performance bond or bonds for the entire permit area;

2. A cumulative bond schedule and the performance bond required for full reclamation of the initial area to be disturbed; or

3. An incremental bond schedule and the performance bond required for the first increment in the schedule.

(3) Incremental Bonding.

(C) Independent increments shall be of sufficient size and configuration to provide for efficient reclamation operations should reclamation by the *[regulatory authority]* **director** become necessary pursuant to 10 CSR 40-7.031(3).

(4) Bond Amounts.

[(A) Except as noted in subsection (4)(B), the amount of Phase I bonds shall be calculated at two thousand five hundred dollars ($2,500) per every bonded acre unless the area is a coal preparation area in which Phase I bond shall be calculated at ten thousand dollars ($10,000) per acre.

(B) For mines with fewer than one thousand (1,000) bonded acres, the minimum amount of Phase I bond applied to a single permit shall be ten thousand dollars ($10,000), or the equivalent of twenty (20) acres of bond for each acre of open pit area, whichever is greater.]

(A) The amount of the bond required for each bonded area shall:

1. Be determined by the director;

2. Depend upon the requirements of the approved permit and reclamation plan;

3. Reflect the probable difficulty of reclamation, giving consideration to such factors as topography, geology, hydrology, and revegetation potential; and

4. Be based on, but not limited to, the estimated cost submitted by the permit applicant.

(B) The amount of the bond shall be sufficient to assure the completion of the reclamation plan if the work has to be performed by the director in the event of forfeiture, and in no case shall the total bond initially posted for the entire area under one (1) permit be less than ten thousand dollars ($10,000).

(5) Changing Bond Amounts.

[(A) The Phase I bond amount listed in subsection (4)(A) of this rule may be adjusted annually by a maximum of two hundred fifty dollars ($250) per acre, not to exceed a maximum per acre bond amount of five thousand dollars ($5,000) per acre.

(B) The Phase I bond amount listed in subsection (4)(B) of this rule for coal preparation areas may be adjusted annually by a maximum of five hundred dollars ($500) per acre, not to exceed a maximum per acre bond amount of fifteen thousand dollars ($15,000) per acre.

(C) The changes allowed in subsection (5)(A) and (B) shall be proposed by the commission through the normal rulemaking process after demonstration by the director that such action is necessary to ensure adequate bonding amounts.

(D) The director shall calculate the liability to the Coal Mine Land Reclamation Fund on an annual basis and shall on the basis of the calculations determine whether to pursue rulemaking to raise the bonding amounts listed in subsections (4)(A) and (B) of this rule.

(E) The calculations of the minimum Phase I reclamation bond amount for subsections (4)(A) and (B) shall depend upon the reclamation requirements of the approved permits, and shall reflect the probable difficulty of reclamation giving consideration to such factors on-site topography, geology, hydrology, and revegetation potential.]

(A) The amount of the bond required and the terms of the acceptance of the applicant's bond shall be adjusted by the director from time-to-time as the area requiring bond coverage is increased or decreased or where the cost of future reclamation changes. The director may specify periodic times or set a schedule for reevaluating and adjusting the bond amount to fulfill this requirement.

(B) The director shall—

1. Notify the permittee and the surety, bank, savings and loan company, or third-party guarantor of any proposed adjustment to the bond amount; and

2. Provide the permittee an opportunity for an informal conference on the adjustment.

(C) A permittee may request reduction of the amount of the performance bond upon submission of evidence to the director proving that the permittee's method of operation or other circumstances reduces the estimated cost for the regulatory authority to reclaim the bonded area. Bond adjustments which involve undisturbed land or revision of the cost estimate of reclamation are not considered bond releases subject to the procedures of 10 CSR 40-7.021(3).

(D) In the event that an approved permit is revised in accordance with 10 CSR 40-6.090(4), the director shall review the bond for adequacy and, if necessary, shall require adjustment of the bond to conform to the permit as revised.

(6) Types of Bonds. The director may accept surety bonds, personal bonds and self-bonding.

(A) Surety bonds shall be subject to the following conditions:

1. The surety bond shall be submitted on a form provided by the director;

2. No bond of a surety company will be accepted unless the bond shall not be cancelable for any reason whatsoever, including, but not limited to, nonpayment of premium, bankruptcy or insolvency of the permittee or issuance of notices of violations or cessation orders and assessment of penalties with respect to the operations covered by the bond, except that surety bond coverage for lands not disturbed may be canceled if the surety provides written notification and the director is in agreement. The director shall advise the surety, within thirty (30) days after receipt of a notice to cancel bond, whether the bond may be canceled on an undisturbed area;

3. A surety company's bond shall not be accepted in excess of ten percent (10%) of the surety company's capital surplus account as shown on a balance sheet certified by a certified public accountant;

4. The total amount of the bonds issued by a surety on behalf of any permittee shall not exceed thirty percent (30%) of the surety

company's capital surplus account as shown on a balance sheet certified by a certified public accountant;

5. The surety shall be licensed to conduct a surety business in Missouri;

6. Both the surety and the permittee shall be primarily liable for completion of *[pit]* reclamation, with the surety's liability being limited to the penalty amount of the bond;

7. The bond shall provide that—

A. The surety will give prompt notice to the permittee and the director of any notice received or action filed alleging the insolvency or bankruptcy of the surety or alleging any violations of regulatory requirements which could result in suspension or revocation of the surety's license to do business; and

B. In the event the surety becomes unable to fulfill its obligations under the bond for any reason, notice shall be given immediately to the permittee and the director;

8. The bond shall provide a mechanism for a *[bank or]* surety company to give prompt notice to the *[regulatory authority]* **director** and the permittee of any action filed alleging the insolvency or bankruptcy of the surety company*[, the bank]* or the permittee, or alleging any violations which would result in suspension or revocation of the surety *[or bank charter or]* license to do business. Upon the incapacity of a surety by reason of bankruptcy*[,]* **or** insolvency, or suspension or revocation of its license, the permittee shall be deemed to be without bond coverage in violation of subsection (2)(A) **and shall promptly notify the director**. The director**, upon notification of the surety's bankruptcy or insolvency, or suspension or revocation of its license,** shall issue a notice of violation against any operator who is without bond coverage. The notice shall specify a reasonable period to replace bond coverage, not to exceed *[sixty (60)]* **ninety (90)** days. During this period, the director or his/her authorized agent shall conduct weekly inspections to ensure continuing compliance with other permit requirements, the regulatory program and the law. The notice of violation, if abated within the period allowed, shall not be counted as a notice of violation for purposes of determining a pattern of willful violation under 10 CSR 40-7.031(1)*[(A)6.]***(F)2.** and need not be reported as a past violation in permit applications under 10 CSR 40-6.030(2) or 10 CSR 40-6.100(2). If a notice of violation is not abated in accordance with the schedule, a cessation order shall be issued requiring immediate compliance with 10 CSR 40-3.150(4). *[Mining operations shall not resume until the director has determined that an acceptable bond has been posted.]* The operator shall also immediately begin to conduct reclamation operations in accordance with the reclamation plan**. Mining operations shall not resume until the director has determined that an acceptable bond has been posted**; and

9. The bond shall be forfeitable upon revocation of the underlying permit.

(B) Personal bonds secured by certificates of deposit shall be subject to the following conditions:

1. The bonds shall be submitted on a form provided by the *[commission]* **director**;

2. The certificate(s) shall be in the amount of the bond or in an amount greater than the bond*[, subject to the limitations of paragraph (5)(B)4. of this rule,]* **and** shall be made payable to or assigned to **the State of** Missouri, both in writing and upon the records of the bank **or savings and loan company** issuing the certificates, and shall be automatically renewable at the end of the term of the certificate. If assigned, banks **and savings and loan companies** issuing the certificate(s) waive all rights of set off or liens against the certificate(s);

3. Interest on the certificate of deposit shall be paid to the permittee;

4. No single certificate of deposit shall exceed the sum of one hundred thousand dollars ($100,000) nor shall any permittee submit certificates of deposit aggregating more than one hundred thousand dollars ($100,000) **or the maximum insurable amount as determined by the Federal Deposit Insurance Corporation** from a single bank **or savings and loan company**. The issuing bank or savings and loan company must be insured by *[either]* the Federal Deposit Insurance Corporation *[or the Federal Savings and Loan Insurance Corporation]*;

5. The certificate of deposit shall be kept in the custody of **the State of** Missouri until the bond is released by the *[commission]* **director**;

6. The bank **or savings and loan company** issuing the certificate(s) of deposit for bonding purposes shall give prompt notice to the *[commission]* **director** and the permittee of any insolvency or bankruptcy of the bank **or savings and loan company**;

7. The bond shall provide a mechanism for a bank *[or surety company]* **or savings and loan company** to give prompt notice to the *[regulatory authority]* **director** and the permittee of any action filed alleging the insolvency or bankruptcy of the *[surety company, the]* bank**, savings and loan company** or the permittee, or alleging any violations which would result in suspension or revocation of the *[surety or]* bank **or savings and loan company** charter or license to do business. Upon *[notice]* **the incapacity** of any bank **or savings and loan company by reason of** insolvency or bankruptcy, **or suspension or revocation of its charter or license,** the permittee shall be deemed to be without bond coverage in violation of subsection (2)(A). The director**, upon notification of the bank's or savings and loan company's bankruptcy or insolvency, or suspension or revocation of its charter or license,** shall issue a notice of violation against any operator who is without bond coverage. The notice shall specify a reasonable period to replace **bond** coverage, not to exceed *[sixty (60)]* **ninety (90)** days. During this period, the director or his/her authorized agent shall conduct weekly inspections to ensure continuing compliance with other permit requirements, the regulatory program and the law. A notice of violation, if abated within the period allowed, shall not be counted as a notice of violation for purposes of determining a pattern of willful violation under 10 CSR 40-7.031(1)(F)2. and need not be reported as a past violation in permit applications under 10 CSR 40-6.030(2) or 10 CSR 40-6.100(2). If a notice of violation is not abated in accordance with the schedule, a cessation order shall be issued requiring immediate compliance with 10 CSR 40-3.150(4). The operator shall also immediately begin to conduct reclamation operations in accordance with the reclamation plan**. Mining operations shall not resume until the director has determined that an acceptable bond has been posted**; and

8. The bond shall be forfeitable upon revocation of the underlying permit.

(C) Personal bonds secured by letters of credit shall be subject to the following conditions:

1. The bond and the letters of credit shall be submitted on forms provided by the *[commission]* **director**;

2. The letter of credit shall be no less than the face amount of the bond and shall be irrevocable**. A letter of credit used as security in areas requiring continuous bond coverage shall be forfeited and shall be collected by the director if not replaced by other suitable bond or letter of credit at least thirty (30) days before its expiration date**;

3. The beneficiary of the letter of credit shall be the *[director of the]* **State of** Missouri *[Land Reclamation Commission]*;

4. The letter of credit shall be issued by a bank *[or trust company located]* **authorized to do business** in the United States. If the issuing bank *[or trust company]* is located in another state, a bank *[or trust company]* located in Missouri must confirm the letter of credit. Confirmations shall be irrevocable and on a form provided by the director;

5. The letter of credit shall be governed by Missouri law. The Uniform Customs and Practice for Documentary Credits, fixed by the International Chamber of Commerce, shall not apply;

6. The letter of credit shall provide that the director may draw upon the credit by making a demand for payment, accompanied by his/her statement that the commission has declared the permittee's bond forfeited;

7. The issuer of a letter of credit or confirmation shall warrant that the issuance will not constitute a violation of any statute or regulation which limits the amount of loans or other credits which can be extended to any single borrower or customer or which limits the aggregate amount of liabilities which the issuer may incur at any one (1) time from issuance of letters of credit and acceptances;

8. The bank issuing the letter(s) of credit for bonding purposes shall give prompt notice to the *[commission]* **director** and the permittee of any insolvency or bankruptcy of the bank;

9. **The bond shall provide a mechanism for a bank to give prompt notice to the director and the permittee of any action filed alleging the insolvency or bankruptcy of the bank or the permittee, or alleging any violations which would result in suspension or revocation of the bank's charter or license to do business.** Upon *[notice]* **the incapacity** of any bank **by reason of** insolvency or bankruptcy, **or suspension or revocation of its charter or license,** the permittee shall be deemed to be without bond coverage in violation of subsection (2)(A). The director**, upon notification of the bank's bankruptcy or insolvency, or suspension or revocation of its charter or license,** shall issue a notice of violation against any operator who is without bond coverage. The notice shall specify a reasonable period to replace bond coverage, not to exceed *[sixty (60)]* **ninety (90)** days. During this period, the director or his/her authorized agent shall conduct weekly inspections to ensure continuing compliance with other permit requirements, the regulatory program and the law. A notice of violation, if abated within the period allowed, shall not be counted as a notice of violation for purposes of determining a pattern of willful violation under 10 CSR 40-7.031(1)(F)2. and need not be reported as a past violation in permit applications under 10 CSR 40-6.030(2) or 10 CSR 40-6.100(2). If a notice of violation is not abated in accordance with the schedule, a cessation order shall be issued **requiring the immediate compliance with 10 CSR 40-3.150(4). The operator shall also immediately begin to conduct reclamation operations in accordance with the reclamation plan. Mining operations shall not resume until the director has determined that an acceptable bond has been posted**; and

10. The bond shall be forfeitable upon revocation of the underlying permit.

(D) Self-Bonding.

1. Definitions. For the purposes of this section only—

A. Current assets means cash or other assets or resources which are reasonably expected to be converted to cash or sold or consumed within one (1) year or within the normal operating cycle of the business;

B. Current liabilities means obligations which are reasonably expected to be paid or liquidated within one (1) year or within the normal operating cycle of the business;

C. Fixed assets means plant and equipment, but does not include land or coal in place;

D. Liabilities means obligations to transfer assets or provide services to other entities in the future as a result of past transactions;

E. Net worth means total assets minus total liabilities and is equivalent to owners' equity; *[and]*

F. Parent corporation means a corporation which owns or controls the applicant; and

[F.] **G.** Tangible net worth means net worth minus intangibles such as goodwill and rights to patents or royalties.

2. The *[commission]* **director** may accept a self-bond if the following conditions are met **by the applicant or its parent corporation guarantor**:

A. The applicant designates an agent for service of process in the state;

B. The applicant has been in continuous operation as a business entity the five (5) years **immediately** preceding the application. The *[commission]* **director** may accept the bond of a joint venture with fewer than five (5) years of continuous operation if each member has been in continuous operation for the five (5) years preceding the application;

C. The applicant submits financial information in sufficient detail to show one (1) of the following:

(I) The applicant has a current Moody's Investor Service or Standard and Poor's rating for its most recent bond issuance of A or higher;

(II) The applicant has a tangible net worth of at least ten (10) million dollars, a ratio of total liabilities to net worth of two and one-half (2 1/2) times or less and a ratio of current assets to current liabilities of 1.2 times or greater; or

(III) The applicant's fixed assets in the United States total at least twenty (20) million dollars and the applicant has a ratio of total liabilities to net worth of two and one-half (2 1/2) times or less and a ratio of current assets to current liabilities of 1.2 times or greater; and

D. The applicant submits—

(I) Financial statements for the last complete fiscal year, accompanied by a report prepared by an independent certified public accountant, in conformity with generally accepted accounting principles, containing the accountant's audit opinion or review opinion of the financial statements with no adverse opinion; *[and]*

(II) **Unaudited** *[F]***f**inancial statements for completed quarters in the current fiscal year**;** and

(III) *[a]***A**dditional **unaudited** information *[that may be]* **as** requested by the director.

3. Parent and Non-Parent Corporation Third-Party Guarantors.

A. The director may accept a written guarantee for an applicant's self-bond from a parent corporation guarantor, if the guarantor meets the conditions of subparagraphs (6)(D)2.A. through D. as if it were the applicant. Such a written guarantee shall be referred to as a "corporate guarantee." The terms of the corporate guarantee shall provide for the following:

(I) If the applicant fails to complete the reclamation plan, the guarantor shall do so or the guarantor shall be liable under the indemnity agreement to provide funds to the director sufficient to complete the reclamation plan, but not to exceed the bond amount.

(II) The corporate guarantee shall remain in force unless the guarantor sends notice of cancellation by certified mail to the applicant and to the director at least ninety (90) days in advance of the cancellation date, and the director accepts the cancellation.

(III) The cancellation may be accepted by the director if the applicant obtains suitable replacement bond before the cancellation date or if the lands for which the self-bond, or portion thereof, was accepted have not been disturbed.

[3.] **B.** The *[commission]* **director** may accept a written guarantee for an applicant's self-bond from a *[third-party]* **non-parent corporation** guarantor *[with a long-term vested interest in the surface coal mining operation,]* if the guarantor meets the conditions of **sub**paragraph**s** *[(5)(D)2.]* **(6)(D)2.A. through D.** as if it were the applicant. The applicant must still meet the requirements of subparagraphs *[(5)]* **(6)**(D)2.A., B. and D. of this rule. *[Copies of documents demonstrating that interest must be submitted to the director.]* The written guarantee shall provide for the following:

*[A.]***(I)** If the applicant fails to complete the reclamation plan, the guarantor shall do so or the guarantor shall be liable under the indemnity agreement to provide to the *[commission]* **director** funds, up to the bond amount, sufficient to complete the reclamation plan;

*[B.]***(II)** The **non-parent corporation** guarantee shall remain in force unless the guarantor sends notice of cancellation by certified mail to the applicant and to the director at least ninety (90) days in advance of the cancellation date and the director accepts the cancellation; and

*[C.]***(III)** The cancellation may be accepted by the director only if the applicant obtains suitable replacement bond before the cancellation or if the covered lands have not been disturbed.

4. The total amount of the outstanding and proposed self-bonds for surface coal mining and reclamation operations shall not exceed twenty-five percent (25%) of the applicant's or third-party guarantor's tangible net worth in the United States, as determined by a certified public accountant.

5. For a self-bond, the guarantor shall execute an indemnity agreement according to the following:

A. The indemnity agreement shall be executed and signed by all persons and parties who are to be bound by it, including the parent and non-parent corporations, and shall bind each jointly and severally. If the applicant is a partnership, joint venture or a syndicate, the agreement shall bind the partner or party who has a beneficial interest, directly or indirectly, in the applicant;

B. Corporations applying for a self-bond, and parent and non-parent corporations guaranteeing a permittee's self-bond, shall submit an indemnity agreement signed by two (2) corporate officers who are authorized to bind the corporations. A copy of the authorization shall be provided to the director along with an affidavit certifying that the agreement is valid under all applicable federal and state laws. In addition, the guarantor shall provide a copy of the corporate authorization demonstrating that the corporation may guarantee the self-bond and execute the indemnity agreement; and

C. Pursuant to 10 CSR 40-7.031(3), the applicant, parent and non-parent corporation shall be required to complete the approved reclamation plan for the lands in default or to pay to the *[regulatory authority]* **director** an amount necessary to complete the approved reclamation plan, not to exceed the bond amount. If permitted under state law, the indemnity agreement when under forfeiture shall operate as a judgement against those parties liable under the indemnity agreement.

6. Self-bonded permittees and third-party guarantors shall submit an update of the information required under subparagraphs *[(5)]* **(6)**(D)2. C. and D. within ninety (90) days after the close of their fiscal years.

7. If the financial conditions of the permittee or the third-party guarantor change so that the criteria of this section are not satisfied, the permittee shall notify the director immediately and post an alternate bond in the same amount as the self-bond.

8. Upon notification that the **financial** conditions of the permittee no longer satisfy this section, the permittee shall be deemed to be without bond coverage in violation of subsection (2)(A). The director shall issue a notice of violation against any operator who is without bond coverage. The notice shall specify a reasonable period to replace bond coverage, not to exceed *[sixty (60)]* **ninety (90)** days. During this period, the director or his/her authorized agent shall conduct weekly inspections to ensure continuing compliance with other permit requirements, the regulatory program and the law. The notice of violation, if abated within the period allowed, shall not be counted as a notice of violation for purposes of determining a pattern of willful violation under 10 CSR 40-7.031(1)(F)2. and need not be reported as a past violation in permit applications under 10 CSR 40-6.030(2) or 10 CSR 40-6.100(2). If a notice of violation is not abated in accordance with the schedule, a cessation order shall be issued requiring immediate compliance with 10 CSR 40-3.150(4). **The operator shall also immediately begin to conduct reclamation operations in accordance with the reclamation plan.** Mining operations shall not resume until the director has *[determned]* **determined** that an acceptable bond has been posted.

9. The bond shall be forfeitable upon revocation of the underlying permit.

(7) Replacement of Bonds.

(A) Permittees may replace existing surety or personal **or self-**bonds with other surety or personal **or self-**bonds, if the liability which has accrued against the permittee on the permit area is transferred to these replacement bonds.

*AUTHORITY: section 444.810, RSMo [Supp. 1999] **2000**. Original rule filed Dec. 9, 1982, effective April 11, 1983. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Dec. 1, 2005. Emergency amendment filed Dec. 21, 2005, effective Jan. 1, 2006, expires June 29, 2006.*

Title 10—DEPARTMENT OF NATURAL RESOURCES
Division 40—Land Reclamation Commission
Chapter 7—Bond and Insurance Requirements for Surface Coal Mining and Reclamation Operations

EMERGENCY AMENDMENT

10 CSR 40-7.021 Duration and Release of Reclamation Liability. The commission is amending sections (1) and (2) of this rule.

PURPOSE: This rule sets forth requirements for the duration and release of reclamation liability and bonding under the "full cost" bonding provisions of this chapter and removes the references to the existing bond "pool" system.

EMERGENCY STATEMENT: This emergency amendment addresses the steps to be taken in order for release of bonding to occur at surface coal mining operations. This emergency amendment is necessary because of a compelling governmental interest. Without this amendment the existing coal industry will be required to waste significant amounts of money and resources in order to comply with current rules only to change again when full cost bonding becomes effective later on in 2006 as described below. Additionally, federal monies will be lost that would otherwise be used to protect the public's safety and general welfare in the vicinity of old, abandoned coal mines as further described below. Therefore, this amendment is seen to be necessary in that it will provide for a seamless transition for the existing coal mining industry from the current federal regulation of this industry to one of state regulation. This transition from federal to state control is expected to take effect during January 2006.

Federal regulation requires full cost bonding which the coal industry is currently seeking to comply with. In fact all but one coal permit is adequately covered for full cost bonding. If this rule is not enacted as an emergency measure the industry would be mandated to comply with the current "bond pool" state regulation. This would require a complete replacement of most industry bonds in force at the present time. This would be burdensome on this industry in that the cost of replacing bonds and the time involved in doing so would be a significant financial impact on these businesses. To further this explanation, an additional burden would be realized by the coal mining industry when the normal, proposed rulemaking for this amendment becomes effective during the summer of 2006. After replacing all bonds to comply with existing "bond pool" state regulation, the industry would once again be required to replace all bonds to comply with the "full cost" bonding provisions of this amendment. Rather than put the industry through such a scenario of replacing bonds in January then replacing them again in August only to arrive at the same point they presently are, it seems justifiable to request that this emergency rulemaking become effective to keep the current federally mandated bonding requirements stable and uninterrupted in order to minimize the effects on the industry this amendment is designed to address.

Also, this emergency amendment is seen to be necessary in order to provide for protection of the public's health, safety, and general welfare. In order for the state to acquire primacy in the regulation of the coal mining industry from the federal government, including the administration and the receipt of federal monies for the implementation of the abandoned mined land program, this emergency

amendment to the existing rules must first be in place. The abandoned mined land program is a program where very old, pre-law coal mine sites are reclaimed by the state with monies provided by federal grant. Oftentimes, abandoned coal mined lands pose serious safety threats to the general public and, at times, health problems may also be realized in and around areas of past coal mining where no reclamation was ever required. If this emergency amendment is not placed into effect in January 2006, the federal grant monies will not be available to the State of Missouri in order to address the remediation of sites that pose a health and/or a safety issue for those citizens living in or around old, abandoned surface coal mines. These citizens are then left with no recourse other than to live with these imminent dangers to their health and/or safety other than to provide for remediation out of their own pockets. This is generally well beyond the financial reach of most ordinary citizens of the state.

A proposed amendment which covers this same material was published in the January 3, 2006 issue of the ***Missouri Register*** *(31 MoReg 32–33). The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the* ***Missouri*** *and* ***United States Constitutions****. The Land Reclamation Commission believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed on December 21, 2005, effective January 1, 2006, expires June 29, 2006.*

(1) Period of Liability.

(A) Liability applicable to a permit shall continue until all reclamation, restoration and abatement work required of the permittee under the regulatory program and the provisions of the permit and **reclamation** plan *[has]* **have** been completed and the permit terminated by release of the permittee from any further liability in accordance with this rule.

(2) Criteria and Schedule for Release of Reclamation Liability. *[Except as described in subsection (2)(E),]* *[r]***R**eclamation liability shall be released in three (3) phases.

(A) An area shall qualify for release of Phase I liability upon completion of backfilling and grading, topsoiling, drainage control and initial seeding of the disturbed area. Phase I bond shall be retained on unreclaimed temporary structures, such as roads, siltation structures, diversions and stockpiles*[, on an acre-for-acre basis]*.

(B) An area shall qualify for release of Phase II liability when—

1. A permanent vegetative cover that meets the approved reclamation plan and is sufficient to control erosion is in place and no further augmentation of the vegetation is necessary;

2. With respect to woodlands and wildlife areas, the stocking of trees and shrubs has been established in accordance with 10 CSR 40-3.120(7) or 10 CSR 40-3.270(7);

3. The lands are not contributing suspended solids to stream flow or runoff outside the permit area in excess of the requirements of section 444.855.2(10), RSMo, 10 CSR 40-3 and 10 CSR 40-4, the regulatory program or the permit; *[and]*

4. A plan for achieving Phase III release has been approved for the area requested for release and the plan has been incorporated into the permit*[, except for the prime farmland soils in which case the soil productivity for prime farmlands shall have been returned to the equivalent levels of yield as nonmined land of the same soil type in the surrounding areas under equivalent management practices as determined from the soil survey performed pursuant to 10 CSR 40-4.030.]***;**

5. For the prime farmland soils, the soil productivity for prime farmlands shall have been returned to the equivalent levels of yield as non-mined land of the same soil type in the surrounding areas under equivalent management practices as determined from the soil survey performed pursuant to 10 CSR 40-4.030; and

6. Where a silt dam is to be retained as a permanent impoundment pursuant to 10 CSR 40-3.040(10), the Phase II portion of the bond may be released under this subsection as long as provisions for sound future maintenance by the operator or the landowner have been made with the director.

(C) An area shall qualify for release of Phase III liability when—

1. Vegetation has been established in accordance with the approved reclamation plan and the standards for the success of revegetation are met;

2. **As required by 10 CSR 40-6.060(4) and 10 CSR 40-4.030,** *[Soil]* **soil** productivity, with respect to prime farmlands, has been returned to the *[level of yield, as required by 10 CSR 40-6.060(4) and 10 CSR 40-4.030,]* equivalent *[to the]* **levels of** yield *[of nonmined]* **as non-mined** prime farmland of the same soil type *[under equivalent management practices]* in the surrounding area **under equivalent management practices**, as determined from the soil survey performed under section 444.820.2(16), RSMo and the plan approved under 10 CSR 40-6.060(4);

3. The permittee has successfully completed all surface coal mining and reclamation operations in accordance with the approved reclamation plan so that the land is capable of supporting any postmining land use approved pursuant to 10 CSR 40-3.130 or 10 CSR 40-3.300;

4. The permittee has achieved compliance with the requirements of the law, the regulatory program and the permit; and

5. The applicable liability period under section 444.855.2(20), RSMo and this rule has expired.

(D) Bond*[s shall be released as follows:]* **Release.**

[1. Phase I bonds shall be reduced by eighty percent (80%) when Phase I liability is released, except that the total remaining bond for a single permit shall not be below the amount required by 10 CSR 40-7.011(4)(B); and

2. The remaining amount of the bonds shall be released when Phase III liability is released.]

1. Phase I—After the operator completes the backfilling, grading, topsoiling, drainage control, and initial seeding of the disturbed area in accordance with the approved reclamation plan, the director may release sixty percent (60%) of the bond for the applicable area.

2. Phase II—After vegetation has been established on the regraded mined lands in accordance with the approved reclamation plan, the director may release an additional amount of bond. When determining the amount of bond to be released after successful vegetation has been established, the director shall retain that amount of bond for the vegetated area which would be sufficient to cover the cost of reestablishing vegetation if completed by a third party and for the period specified in 10 CSR 40-7.021(1)(B) for reestablishing vegetation.

3. Phase III—After the operator has completed successfully all surface coal mining and reclamation activities, the director may release the remaining portion of the bond, but not before the expiration period specified for the period of liability in 10 CSR 40-7.021(1)(B).

(E) *[All bonding liability may be released in full from undisturbed areas when further disturbances from surface mining have ceased. No bonding shall be released from undisturbed areas before Phase I liability applying to adjacent disturbed lands is released, except that the commission may approve a separate bond release from an area of undisturbed land if the area is not excessively small and can be separated from areas that have been or will be disturbed by a distinct boundary, which can be easily located in the field and which is not so irregular as to make record keeping unusually difficult.]* The permit shall terminate on all areas where all bonds have been released.

*AUTHORITY: section 444.810, RSMo [Supp. 1999] **2000**. Original rule filed Dec. 9, 1982, effective April 11, 1983. For intervening history, please consult the* ***Code of State Regulations****. Amended: Filed Dec. 1, 2005. Emergency amendment filed Dec. 21, 2005, effective Jan. 1, 2006, expires June 29, 2006.*

Title 10—DEPARTMENT OF NATURAL RESOURCES
Division 40—Land Reclamation Commission
Chapter 7—Bond and Insurance Requirements for Surface Coal Mining and Reclamation Operations

EMERGENCY AMENDMENT

10 CSR 40-7.031 Permit Revocation, Bond Forfeiture and Authorization to Expend Reclamation Fund Monies. The commission is amending sections (2), (3) and (4) of this rule.

PURPOSE: This rule clarifies, revises and sets forth requirements, criteria and procedures for permit revocation, bond forfeiture and authorization to expend reclamation fund monies pursuant to sections 444.810, 444.830, 444.885, 444.960 and 444.970, RSMo.

EMERGENCY STATEMENT: This emergency amendment addresses the forfeiture of bond monies and authorizes expenditures of that money for reclamation of surface coal mined lands. This emergency amendment is necessary because of a compelling governmental interest. Without this amendment the existing coal industry will be required to waste significant amounts of money and resources in order to comply with current rules only to change again when full cost bonding becomes effective later on in 2006 as described below. Additionally, federal monies will be lost that would otherwise be used to protect the public's safety and general welfare in the vicinity of old, abandoned coal mines as further described below. Therefore, this amendment is seen to be necessary in that it will provide for a seamless transition for the existing coal mining industry from the current federal regulation of this industry to one of state regulation. This transition from federal to state control is expected to take effect during January 2006.

Federal regulation requires full cost bonding which the coal industry is currently seeking to comply with. In fact all but one coal permit is adequately covered for full cost bonding. If this rule is not enacted as an emergency measure the industry would be mandated to comply with the current "bond pool" state regulation. This would require a complete replacement of most industry bonds in force at the present time. This would be burdensome on this industry in that the cost of replacing bonds and the time involved in doing so would be a significant financial impact on these businesses. To further this explanation, an additional burden would be realized by the coal mining industry when the normal, proposed rulemaking for this amendment becomes effective during the summer of 2006. After replacing all bonds to comply with existing "bond pool" state regulation, the industry would once again be required to replace all bonds to comply with the "full cost" bonding provisions of this amendment. Rather than put the industry through such a scenario of replacing bonds in January then replacing them again in August only to arrive at the same point they presently are, it seems justifiable to request that this emergency rulemaking become effective to keep the current federally mandated bonding requirements stable and uninterrupted in order to minimize the effects on the industry this amendment is designed to address.

Also, this emergency amendment is seen to be necessary in order to provide for protection of the public's health, safety, and general welfare. In order for the state to acquire primacy in the regulation of the coal mining industry from the federal government, including the administration and the receipt of federal monies for the implementation of the abandoned mined land program, this emergency amendment to the existing rules must first be in place. The abandoned mined land program is a program where very old, pre-law coal mine sites are reclaimed by the state with monies provided by federal grant. Oftentimes, abandoned coal mined lands pose serious safety threats to the general public and, at times, health problems may also be realized in and around areas of past coal mining where no reclamation was ever required. If this emergency amendment is not placed into effect in January 2006, the federal grant monies will not be available to the State of Missouri in order to address the remediation of sites that pose a health and/or a safety issue for those citizens living in or around old, abandoned surface coal mines. These citizens are then left with no recourse other than to live with these imminent dangers to their health and/or safety other than to provide for remediation out of their own pockets. This is generally well beyond the financial reach of most ordinary citizens of the state.

*A proposed amendment which covers this same material was published in the January 3, 2006 issue of the **Missouri Register** (31 MoReg 33–34). The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the **Missouri** and **United States Constitutions**. The Land Reclamation Commission believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed on December 21, 2005, effective January 1, 2006, expires June 29, 2006.*

(2) Procedures.

(E) In lieu of the hearing provided for in subsection (2)(B) of this rule, the commission either may—

1. Enter into a consent order with the permittee to correct the underlying causes of the show-cause order if the consent agreement will not unreasonably delay reclamation *[and will not result in an increase in liability to the reclamation fund]*; or

2. Extend*[,]* **the abatement period as follows** if the cause of the show-cause order is a failure to abate a notice of delinquent reclamation within the time established for the abatement*[, extend the abatement period as follows]*:

A. The extension of the abatement period shall be set by the commission and shall not exceed one (1) year from the abatement date established pursuant to 10 CSR 40-8.030(18)(B) or (C) that the permittee did not meet;

B. An extension may only be approved if the commission finds that the failure to abate the notice of delinquent reclamation is not due to a lack of diligence by the permittee*[;]***.**

[C. The permittee shall submit a bond to compensate for the additional liability an extension represents to the Coal Mine Land Reclamation Fund. The amount of the bond shall be one hundred twenty-five percent (125%) of the amount the commission finds would be needed to complete the reclamation plan of the area to which the extension will apply; and

D. Within fifteen (15) days after a commission decision to extend the abatement period, the permittee shall furnish to the director an estimate of the cost of completing the reclamation plan of the area to which the extension will apply. The director shall review the permittee's estimate and recommend a bond amount to the commission within thirty (30) days after the decision to extend the abatement period. Within forty-five (45) days after the decision to extend the abatement period, the commission shall set the bond amount. Within thirty (30) days after the commission sets the bond amount, the permittee shall submit a bond of that amount to the director. The bond shall be submitted on a form provided by the commission and shall be conditioned upon abatement of the notice of delinquent reclamation by the date established pursuant to subparagraph (2)(E)2.A.]

(3) Bond Forfeiture.

(C) The entry of an order declaring a bond forfeited shall automatically authorize the director, *[him/herself or]* with the assistance of the attorney general, **if necessary,** to take whatever actions are necessary to collect the forfeited bond and any instruments securing the bond.

(4) *[A declaration]* **Declaration** of *[p]***P**ermit *[r]***R**evocation**.** *[shall authorize the commission to utilize duly appropriated reclamation fund monies as specified in 10 CSR 40-7.041(4) to*

ensure compliance with all applicable regulations and satisfactory completion of the reclamation plan.]

(A) For bonds forfeited before January 1, 2006, the director is authorized to utilize duly appropriated reclamation fund monies as specified in 10 CSR 40-7.041(1) to ensure compliance with all applicable regulations and satisfactory completion of the reclamation plan;

(B) For bonds forfeited on or after January 1, 2006, the director is authorized to utilize forfeited bonds to ensure compliance with all applicable regulations and satisfactory completion of the reclamation plan.

1. In the event the estimated amount forfeited is insufficient to pay for the full cost of reclamation, the operator shall be liable for remaining costs. The director may complete or authorize completion of reclamation of the bonded area and may recover from the operator all costs of reclamation in excess of the amount forfeited.

2. In the event the amount of performance bond forfeited is more than the amount necessary to complete reclamation, the unused funds shall be returned by the director to the party from whom they were collected.

*AUTHORITY: section 444.810, RSMo [1994] **2000**. Original rule filed Dec. 9, 1982, effective April 11, 1983. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Dec. 1, 2005. Emergency amendment filed Dec. 21, 2005, effective Jan. 1, 2006, expires June 29, 2006.*

Title 10—DEPARTMENT OF NATURAL RESOURCES
Division 40—Land Reclamation Commission
Chapter 7—Bond and Insurance Requirements for Surface Coal Mining and Reclamation Operations

EMERGENCY AMENDMENT

10 CSR 40-7.041 Form and Administration of the Coal Mine Land Reclamation Fund. The commission is deleting sections (1), (2) and (3) of this rule and amending sections (4) and (5).

PURPOSE: This rule sets forth requirements for administration of the Coal Mine Land Reclamation Fund pursuant to sections 444.960, 444.965 and 444.970, RSMo.

EMERGENCY STATEMENT: This emergency amendment addresses the administration of the coal mine land reclamation fund and replaces "commission" with "director." This emergency amendment is necessary because of a compelling governmental interest. Without this amendment the existing coal industry will be required to waste significant amounts of money and resources in order to comply with current rules only to change again when full cost bonding becomes effective later on in 2006 as described below. Additionally, federal monies will be lost that would otherwise be used to protect the public's safety and general welfare in the vicinity of old, abandoned coal mines as further described below. Therefore, this amendment is seen to be necessary in that it will provide for a seamless transition for the existing coal mining industry from the current federal regulation of this industry to one of state regulation. This transition from federal to state control is expected to take effect during January 2006.

Federal regulation requires full cost bonding which the coal industry is currently seeking to comply with. In fact all but one coal permit is adequately covered for full cost bonding. If this rule is not enacted as an emergency measure the industry would be mandated to comply with the current "bond pool" state regulation. This would require a complete replacement of most industry bonds in force at the present time. This would be burdensome on this industry in that the cost of replacing bonds and the time involved in doing so would be a significant financial impact on these businesses. To further this explanation, an additional burden would be realized by the coal mining industry when the normal, proposed rulemaking for this amendment becomes effective during the summer of 2006. After replacing all bonds to comply with existing "bond pool" state regulation, the industry would once again be required to replace all bonds to comply with the "full cost" bonding provisions of this amendment. Rather than put the industry through such a scenario of replacing bonds in January then replacing them again in August only to arrive at the same point they presently are, it seems justifiable to request that this emergency rulemaking become effective to keep the current federally mandated bonding requirements stable and uninterrupted in order to minimize the effects on the industry this amendment is designed to address.

Also, this emergency amendment is seen to be necessary in order to provide for protection of the public's health, safety, and general welfare. In order for the state to acquire primacy in the regulation of the coal mining industry from the federal government, including the administration and the receipt of federal monies for the implementation of the abandoned mined land program, this emergency amendment to the existing rules must first be in place. The abandoned mined land program is a program where very old, pre-law coal mine sites are reclaimed by the state with monies provided by federal grant. Oftentimes, abandoned coal mined lands pose serious safety threats to the general public and, at times, health problems may also be realized in and around areas of past coal mining where no reclamation was ever required. If this emergency amendment is not placed into effect in January 2006, the federal grant monies will not be available to the State of Missouri in order to address the remediation of sites that pose a health and/or a safety issue for those citizens living in or around old, abandoned surface coal mines. These citizens are then left with no recourse other than to live with these imminent dangers to their health and/or safety other than to provide for remediation out of their own pockets. This is generally well beyond the financial reach of most ordinary citizens of the state.

*A proposed amendment which covers this same material was published in the January 3, 2006 issue of the **Missouri Register** (31 MoReg 34–35). The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the **Missouri** and **United States Constitutions**. The Land Reclamation Commission believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed on December 21, 2005, effective January 1, 2006, expires June 29, 2006.*

[(1) Payment of Assessments.

(A) Until enough monies have accumulated in the forty percent (40%) pool to complete all reclamation of those permits that have been revoked by the commission prior to September 1, 1988, every permittee shall pay an assessment into the Coal Mine Land Reclamation Fund, established under section 444.960, RSMo. This fund shall be administered by the commission in accordance with the provisions of this rule.

(B) After enough monies have accumulated pursuant to subsection (1)(A) of this rule, the commission may reinstate payments in accordance with subsection (1)(E), when necessary, to assure that the Coal Mine Land Reclamation Fund balance is sufficient for its purpose.

1. For permittees who file Phase I bonds before enough monies have accumulated pursuant to subsection (1)(A) of this rule, the assessment rate shall be forty-five cents (45¢) per ton of coal for the first fifty thousand (50,000) tons, and thirty cents (30¢) per ton for the next fifty thousand (50,000) tons that are sold, shipped or otherwise disposed of by each permittee from his/her Missouri operation(s) in a calendar year or that portion of a calendar year in which assessments are in effect. Assessments shall be paid to the

commission on a monthly basis and shall be due fifteen (15) days after the end of the month for which an assessment is applicable. The director shall transfer any payment to the state treasurer for deposit in the Coal Mine Land Reclamation Fund.

2. Each monthly payment shall be accompanied by a notarized statement of the tonnage of coal sold, shipped or otherwise disposed of. The director shall check the accuracy of these statements against the tonnage reported on the Quarterly Fee Statement submitted to the Division of Labor Standards. If there is discrepancy between the Quarterly Fee Statement and the corresponding three (3)-month total reported in the monthly statements, the permittee shall be considered delinquent in payment and the director shall impose a penalty and take other actions as warranted pursuant to section (3).

(C) Permittees shall continue to pay monthly assessments as per paragraph (1)(B)1. until enough monies have accumulated pursuant to subsection (1)(A) of this rule, unless, at the end of a fiscal year, the fund balance is more than seven (7) million dollars.

(D) Compensative Assessments. Any new permittee who files a Phase I bond and received his/her first permit on or after September 1, 1988 shall be liable for compensative assessments.

1. The compensative assessments shall be paid only after regular assessments under paragraph (1)(B)1. have ceased.

2. The compensative assessments shall be paid regardless of the fund balance.

3. The compensative assessments shall begin the month the permit is issued or when regular assessments cease, whichever is later, and shall be paid monthly at a rate equal to the rate paid for regular assessments under paragraph (1)(B)1.

4. Compensative assessments shall continue until the permittee has paid for a number of months equal to the number of months for which assessments were in effect between September 1988 and the month and year in which his/her first permit was received or until regular assessments are reinstated, whichever comes first.

(E) Reinstatement Rates.

1. Reinstated assessments will only apply to permittees who file Phase I bonds.

2. After the date when enough monies have accumulated pursuant to subsection (1)(A) of this rule, and whenever the fund balance is below seven (7) million dollars, the assessment established in subsection (1)(A) of this rule shall be reinstated at a rate of twenty-five cents (25¢) for the first fifty thousand (50,000) tons and fifteen cents (15¢) for the second fifty thousand (50,000) tons of coal sold in a calendar year. The reinstated rate shall remain in effect until the fund balance reaches seven (7) million dollars or until September 1, 1998, whichever comes first.

3. After September 1, 1998, whenever the fund balance is below two (2) million dollars, the assessment established in subsection (1)(A) of this rule shall be reinstated at a rate of thirty cents (30¢) for the first fifty thousand (50,000) tons and twenty cents (20¢) for the second fifty thousand (50,000) tons of coal sold in a calendar year. This reinstated rate shall remain in effect until the fund balance reaches three (3) million dollars, at which time the assessment will revert to the rate established in paragraph (1)(E)2. of this rule.

4. The commission shall inform permittees by certified mail of the application of a reinstated rate, the termination of a reinstated rate and the termination of assessments pursuant to subsection (1)(B).

5. Any application of a reinstated rate shall be effective on the first day of the month following that in which notice of reinstatement is given by the commission. Any termination of a reinstated rate or termination of assessments shall be effective retroactive to the first day of the month in which notice of is given by the commission.

(2) Fund Ceiling and Reimbursements.

(A) At the first commission meeting following the end of a fiscal year, the director shall report the balance of the Reclamation Fund to the commission. If the balance is greater than the maximum amount as stated in subsection (1)(C) or paragraph (1)(E)2. or 3. of this rule, the commission shall refund the excess to the permittees filing Phase I bonds and having valid permanent program permits at the end of the previous fiscal year, except that permittees subject to compensative payments under subsection (1)(D) of this rule shall be refunded only the amount which is in excess of what is due in compensative payments. Each permittee shall be refunded a fraction of the excess equal to the amount s/he paid into the fund under paragraph (1)(A)1., exclusive of penalties, since September 1, 1988 divided by the total amount paid into the fund, exclusive of penalties, since September 1, 1988 by all permittees who qualify for a refund.

(3) Penalties for Delinquent Payment of Fees. If an assessment required under section (1) is not received within forty-five (45) days after the end of a month for which the assessment is applicable, the permittee shall be considered delinquent in payment.

(A) The director shall issue a notice of violation when a permittee becomes delinquent in payment. The time set for abatement of the notice of violations shall be ten (10) days. No extension of the abatement period may be granted.

(B) In addition to penalties pursuant to 10 CSR 40-8.040, a penalty of twenty-five cents (25¢) per ton of coal sold, shipped or otherwise disposed of during the month for which payment is delinquent shall be automatically imposed. The penalty shall be due at the end of the ten (10)-day abatement period and shall be credited to the Coal Mine Land Reclamation Fund.

(C) Failure to abate the notice of violation described under subsections (3)(A) and (B) shall result in the issuance of a cessation order in accordance with 10 CSR 40-8.030(6)(B).]

[(4)] **(1)** Expenditure of Reclamation Fund Monies.

(A) After revocation of a permit and forfeiture of the associated bonds, Reclamation Fund monies shall be used by the *[commission]* **director** to complete reclamation pursuant to the approved reclamation plan*[, as specified in the following]* and shall be used for administrative costs to the commission resulting directly from activities necessary to complete reclamation*[:]***.**

[1.] All monies assessed for the Coal Mine Land Reclamation Fund after September 1, 1988, *[shall be]* **are** allocated so that forty percent (40%) of the assessments *[shall be]* **are** applied to the reclamation of those permits that have been revoked by the commission prior to September 1, 1988, and sixty percent (60%) of the assessments *[shall be]* **are** applied to the reclamation of those permits that have been revoked by the commission after September 1, 1988. All monies within the Coal Mine Land Reclamation Fund as of September 1, 1988, *[shall be]* **are** allocated to forfeitures which occurred before September 1, 1988. *[After the date when enough monies have accumulated pursuant to subsection (1)(A) of this rule, all monies assessed to the Coal Mine Land Reclamation Fund shall be allocated to forfeitures occurring on or after September 1, 1998.]* The monies within the fund

may be utilized by the *[commission]* **director** on any phase of reclamation.

(B) Proceeds from any collectable performance bonds shall be expended or committed to specific aspects of reclamation to which the bonds apply before Reclamation Fund monies are employed to complete those aspects of reclamation, except that—

1. Reclamation Fund monies may be expended by the *[commission]* **director** before proceeds from bonds are expended or committed when the expenditure will result in a net savings to the Reclamation Fund; and

2. Reclamation Fund monies shall be expended by the *[commission]* **director** before proceeds from bonds are expended or committed when expeditious work is necessary to comply with the laws, regulations, conditions of the permit or reclamation plan. This work may include, but shall not be limited to, treatment of acid mine drainage, erosion control and maintenance of water control structures.

(C) No Reclamation Fund monies may be used to correct disturbances that were caused by a person who did not have a duly approved permanent program permit.

[(5)] **(2)** Reimbursement of the Reclamation Fund.

(A) If a permittee fails to complete a reclamation plan and the completion must be made by or on behalf of the commission, the permittee or any principal of the permittee or any entity in which a principal of the permittee is a principal or any entity controlled by or under common control with the permittee shall not operate a coal mining operation in Missouri until the costs of the completion have been fully paid by the permittee to the Reclamation Fund.

(B) The amount to be repaid to the Reclamation Fund shall include the interest that the state treasurer could have earned on the monies expended if the expenditure had not been made.

(C) The commission shall pursue all legal remedies available to it to recover monies expended from the Reclamation Fund from the responsible permittee, except where the commission in its sole judgment determines that the cost of pursuing the legal remedies will be greater than the sums expected to be recovered. The cost of pursuing the legal remedies shall be charged to the Reclamation Fund.

*AUTHORITY: section 444.810, RSMo [1994] **2000**. Original rule filed Dec. 9, 1982, effective April 11, 1983. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Dec. 1, 2005. Emergency amendment filed Dec. 21, 2005, effective Jan. 1, 2006, expires June 29, 2006.*

Title 20—DEPARTMENT OF INSURANCE
Division 400—Life, Annuities and Health
Chapter 2—Accident and Health Insurance in General

EMERGENCY RULE

20 CSR 400-2.170 Early Intervention Part C Coverage

PURPOSE: This rule implements the requirements of section 376.1218, RSMo, with respect to the Missouri early intervention system and clarifies insurance carriers' obligations under the new law.

*EMERGENCY STATEMENT: This emergency rule is necessary to preserve the public welfare of Missouri citizens by ensuring that insurance carriers understand their obligations under the First Steps legislation, passed in 2005 as Senate Bill 500, before the effective date of January 1, 2006. As a result, the Missouri Department of Insurance finds an immediate danger to the public welfare and a compelling governmental interest which requires emergency action. The scope of this emergency rule is limited to the conditions creating the emergency and complies with the protections extended in the **Missouri** and **United States Constitutions**. In developing this emergency rule, representatives of the insurance industry were consulted. The department believes this emergency rule is fair to all interested persons and parties under the circumstances. A proposed rule, which covers the same material, is published in this issue of the **Missouri Register**. This emergency rule was filed December 20, 2005, effective January 1, 2006, expires June 29, 2006.*

(1) Definitions: The terms used in this rule or in section 376.1218, RSMo, shall have the following meanings:

(A) "Assistive technology device" means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain or improve the functional capabilities of children with disabilities.

(B) "Direct written premium" means:

1. The total amount of premium reported for health benefit plans, as defined in 376.1350, RSMo, on the Annual Statement Supplement for the State of Missouri for health carriers required to file this supplement; or

2. The total amount of premium reported for health benefit plans, as defined in 376.1350, RSMo, on the Exhibit of Premiums, Enrollment, and Utilization for the State of Missouri included in the health carrier's annual financial statement, for all other health carriers not covered in paragraph (1)(B)1.

(C) "Early intervention services" means medically necessary speech and language therapy, occupational therapy, physical therapy, and assistive technology devices for children from birth to age three who are identified by the Part C early intervention system as eligible for services under Part C of the Individuals with Disabilities Education Act, 20 U.S.C. Section 1431, et seq.

(D) "First Steps" refers to the Missouri early intervention system under the federal Infant and Toddler Program, Part C of the Individuals with Disabilities Act, 20 U.S.C. Section 1431, et seq.

(E) "Group of carriers affiliated by or under common ownership or control" means health carriers with a common four (4)-digit group code as assigned by the National Association of Insurance Commissioners.

(F) "Health benefit plan," "health care professional," and "health carrier" shall each have their respective meanings as such terms are defined in 376.1350, RSMo.

(G) "Individualized family service plan" means a written plan for providing early intervention services to an eligible child and the child's family, that is adopted in accordance with 20 U.S.C. Section 1436.

(H) "Participating provider" means a provider who, under a contract with the health carrier or with its contractor or subcontractor, has agreed to provide health care services to enrollees with an expectation of receiving payment, other than coinsurance, co-payments or deductibles, directly or indirectly from the health carrier.

(2) Health Carriers to Recognize First Steps as Provider.

(A) First Steps shall be considered the rendering provider for all claims covered under section 376.1218, RSMo, and this rule.

(B) First Steps shall be considered a participating and/or network provider by all health carriers. All health carriers shall use the Missouri standardized credentialing form or the Federal W-9 tax form to establish network provider status for First Steps. Health carriers shall take all necessary steps to assure that claims submitted by First Steps are not denied, delayed, or reduced for reasons related to network participation.

(3) Requirements for Acceptance and Payment of Claims.

(A) Health carriers shall have the option to pay claims for First Steps services in one (1) of three (3) ways:

1. A health carrier shall pay individual claims submitted for each service to First Steps as the rendering provider, and such coverage shall be limited to three thousand dollars ($3,000) for each covered child per policy per calendar year, with a lifetime policy maximum of nine thousand dollars ($9,000) per child. Such payments

shall not exceed one-half of one percent (0.5%) of the direct written premium for health benefit plans; or

2. A health carrier and all of its affiliates together shall submit a lump sum payment to First Steps for one-half of one percent (0.5%) of the direct written premiums reported to the Department of Insurance on each health carrier's most recently filed annual financial statement, per calendar year, which shall satisfy each affiliated health carrier's payment obligation for First Steps services for such calendar year; or

3. A health carrier and all of its affiliates shall make a lump sum payment of five hundred thousand dollars ($500,000), per calendar year, to First Steps, which shall satisfy the health carrier and its affiliates' payment obligation for First Steps services for such calendar year.

4. As between paragraphs 2. and 3. of this subsection, the health carrier shall pay whichever amount is less.

(B) Payment of individually submitted claims under paragraph (3)(A)1. shall be subject to the requirements of sections 376.383 and 376.384, RSMo, as of January 1, 2007.

(C) For health carriers opting to make payments on individual claims under paragraph (3)(A)1.:

1. Such health carriers shall be responsible for keeping records to determine when the maximum three thousand dollars ($3,000) per child, per policy, per calendar year has been reached. If there is an irreconcilable discrepancy between a health carrier's records and Missouri Department of Elementary and Secondary Education (DESE) records, DESE's records shall prevail.

2. Such health carriers shall amend their applicable coverage documents to reflect First Steps benefits, and may do so by endorsement.

A. Such documents shall contain the same or substantially the same benefit description as stated in section 376.1218, RSMo, subsection 1.

3. Health carriers shall receive and issue payment for First Steps claims.

A. All claim payments shall be sent to DESE's designee.

B. Health carriers shall submit all First Steps remittance advices to DESE's designee in an electronic format consistent with federal administrative simplification standards, format and content adopted pursuant to the Health Insurance Portability and Accountability Act of 1996. Such remittance advices shall be submitted in a format agreed to by DESE.

C. Health carriers shall not deny, delay or reduce payment of First Steps claims based on their own determination of medical necessity or diagnosis, but shall in all cases defer to the services stated on the individual family service plan.

D. Health carriers shall not bundle claims for First Steps services.

E. For all adjustments on claim overpayments, such health carriers shall submit to DESE's designee in an electronic format consistent with federal administrative simplification standards, format and content adopted pursuant to the Health Insurance Portability and Accountability Act of 1996, remittance advices on a per claim adjustment reflecting the individual and cumulative claim adjustment. Such remittance advices shall be submitted in a format agreed to by DESE.

4. Coordination of benefits requirements.

A. Failure of a parent or guardian to elect to assign a right of recovery or indemnification to the First Steps program shall not reduce claim payments to First Steps from secondary plans as defined in 20 CSR 400-2.030.

B. Notification from DESE that a primary plan, as defined in 20 CSR 400-2.030, has submitted a lump sum payment under paragraphs (3)(A)2. or 3. shall be sufficient notice to a secondary plan that such primary plan has fulfilled its payment obligations for First Steps services for that year.

(D) Health carriers shall accept and reimburse First Steps claims up to one (1) year after the date of service. Health carriers that otherwise require participating providers to submit claims in a shorter period of time than one (1) year shall waive this requirement for First Steps claims.

1. Health carriers that allow more than one (1) year for claims submission shall allow the same amount of time for First Steps claims submissions.

(E) There will be a presumption that the charges for First Steps services provided under section 376.1218, RSMo, and this rule, are being billed at the applicable Medicaid rate for such services.

(F) Health carriers electing a lump sum payment under paragraph (3)(A)2. or 3. will be invoiced by DESE after January 1 of each year, with payments due no later than January 31 of that year. The lump sum payment shall be due no later than January 31 of each year regardless of the effective dates of the individual insurance plans.

(G) Health carriers that elect a lump sum payment under paragraph (3)(A)2. or 3. and then fail to make such payment no later than January 31 of that year, shall be considered in violation of insurance law and be subjected to penalty, as allowed under the insurance laws of the state of Missouri.

(H) Lump sum payments under paragraphs (3)(A)2. and 3. shall not be credited against any health benefit plan lifetime maximum aggregates.

(I) For health carriers electing the lump sum payment option under paragraph (3)(A)2., the amount of direct written premium used to determine such health carriers' payment obligations for First Steps services will be the amount on record with the Missouri Department of Insurance on the most recently filed annual financial statement and any filed amendments as of September 1 of each year.

(4) Prior Authorization.

(A) Health carriers shall not require prior authorization for First Steps treatments and shall not deny, delay or reduce claim payments for failure to obtain prior authorization.

(5) Transactions Affecting Affiliation of Health Carriers.

(A) In the event of a transaction affecting affiliation of health carriers, the NAIC group code as of December 31 of the preceding year that payment for First Steps claims is due will determine affiliation of health carriers, and also, the total amount due to DESE if the applicable health carriers elect a lump sum payment option under paragraphs (3)(A)2. and 3.

AUTHORITY: sections 374.045, RSMo 2000 and 376.1218, RSMo Supp. 2005. Emergency rule filed Dec. 20, 2005, effective Jan. 1, 2006, expires June 29, 2006. A proposed rule covering this same material is published in this issue of the ***Missouri Register****.*

Title 20—DEPARTMENT OF INSURANCE
Division 700—Licensing
Chapter 6—Bail Bond Agents and Surety Recovery Agents

EMERGENCY AMENDMENT

20 CSR 700-6.100 ***Applications,*** **Fees and Renewals—Bail Bond Agents, General Bail Bond Agents and Surety Recovery Agents**. The department is amending the title, Purpose, adding new sections (1) and (4) and amending and renumbering the original sections (1) and (2).

PURPOSE: This amendment clarifies the application requirements for initial and renewal applicants for a bail bond agent, general bail bond agent or surety recovery agent license.

*PURPOSE: This rule [sets the license and renewal fees] **establishes initial and renewal application requirements** for bail bond*

***agents**, general bail bond agents and surety recovery agents under sections 374.700–374.789, RSMo Supp. 2004.*

*EMERGENCY STATEMENT: This emergency amendment contains application and renewal requirements for the licensing of general bail bond, bail bond and surety recovery agents, including revisions to the application and renewal forms and addition of an electronic fingerprinting requirement. This emergency amendment is necessary to protect the public health, safety and welfare of Missouri citizens by ensuring the prompt, complete and legally compliant licensing, adequate background screening and accurate identification of qualified bail bond and surety recovery applicants pursuant to section 374.715 of the **Revised Statutes of Missouri** and Supreme Court Rule 33.17. The means for such prompt, complete and legally compliant licensing, adequate background screening and accurate identification of qualified bail bond and surety recovery applicants is currently not possible absent this regulation and the need for such means recently became apparent to the department. As a result, the Missouri Department of Insurance finds an immediate danger to the public health, safety and/or welfare and a compelling governmental interest, which requires emergency action. A proposed amendment, which covers the same material, is published in this issue of the **Missouri Register**. The scope of this emergency amendment is limited to the conditions creating the emergency and complies with the protections extended in the **Missouri** and **United States Constitutions**. The department believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed January 3, 2006, effective January 13, 2006, expires July 11, 2006.*

(1) Application Forms. The following forms have been adopted and approved for filing with the department:

(A) The Missouri Uniform Application For Bail Bond or Surety Recovery License form (Form B1), revised December 2005, or any form which substantially comports with the specified form; and

(B) The Missouri Uniform Renewal Application For Bail Bond Or Surety Recovery License form (Form BR), revised December 2005, or any form which substantially comports with the specified form.

(2) Application and Fees.

(A) Initial License. The following shall be included in an initial application for license:

1. Form B1 and required attachments;

[(1)] **2.** *[Each application for license as a general bail bond agent, bail bond agent or surety recovery agent must be accompanied by]* **Payment of** a licensing fee of one hundred fifty dollars ($150) for the two (2)-year license*[. The fee for renewal of the license shall also be one hundred fifty dollars ($150) for a biennial license.]*; **and**

3. A fingerprint-based background check through the Missouri Highway Patrol.

(B) Renewal License. The following shall be included in renewal application for license:

1. Form BR and required attachments;

2. Payment of a licensing renewal fee of one hundred fifty dollars ($150) for the two (2)-year license;

3. If an approved fingerprint was not provided with the initial license application, a fingerprint-based background check through the Missouri Highway Patrol.

[(2)] **(3) Failure to Timely Apply for Renewal.** If a general bail bond agent, bail bond agent or surety recovery agent fails to file for renewal of his/her license on or before the expiration date, the Department of Insurance will issue a renewal of the license upon payment of a late renewal fee of twenty-five dollars ($25) per month or fraction of a month after the renewal deadline. In the alternative to payment of a late renewal fee, the former licensee may apply for a new license except that the former licensee must comply with all provisions of sections 374.710 and 374.784, RSMo regarding issuance of a new license.

(4) Availability of Forms. The department on request will supply in printed format the forms listed in this rule. Accurate reproduction of the forms may be utilized for filing in lieu of the printed forms. All application forms referenced herein are available at http://www.insurance.mo.gov.

*AUTHORITY: sections 374.045, RSMo 2000 and 374.705, 374.710, 374.730, 374.783, 374.784 and 374.786, RSMo Supp. 2004. Original rule filed March 14, 1994, effective Sept. 30, 1994. Amended: Filed Sept. 14, 2004, effective March 30, 2005. Emergency amendment filed Jan. 3, 2006, effective Jan. 13, 2006, expires July 11, 2006. A proposed amendment covering this same material is published in this issue of the **Missouri Register**.*

Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 2—State Membership

EMERGENCY RESCISSION

22 CSR 10-2.010 Definitions. This rule established policies of the board regarding key terms within the Missouri Consolidated Health Care Plan relative to state members.

PURPOSE: This rule is being rescinded and a new rule with the same subject matter is being proposed in its place.

*EMERGENCY STATEMENT: This emergency rescission must take effect by January 1, 2006, in accordance with the new plan year. Therefore, this rescission is necessary to protect members (employees, retirees and their families) enrolled in the Missouri Consolidated Health Care Plan (MCHCP) from the unintended consequences of having their health insurance coverage interrupted due to confusion regarding eligibility or availability of benefits. Further, it clarifies member eligibility and responsibility for various types of eligible charges, beginning with the first day of coverage for the new plan year. It may also help ensure that inappropriate claims are not made against the state and help protect the MCHCP and its members from being subjected to unexpected and significant financial liability and/or litigation. It is imperative that this rule be registered immediately in order to maintain the integrity of the current health care plan. This emergency rescission must become effective January 1, 2006, in order that an immediate danger is not imposed on the public welfare. This rescission reflects changes made to the plan by the Missouri Consolidated Health Care Plan Board of Trustees. This emergency rescission complies with the protections extended by the **Missouri** and **United States Constitutions** and limits its scope to the circumstances creating the emergency. The MCHCP follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances. Emergency rescission filed December 22, 2005, effective January 1, 2006, expires June 29, 2006.*

*AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Dec. 16, 1993, effective Jan. 1, 1994, expired April 30, 1994. Emergency rule filed April 4, 1994, effective April 14, 1994, expired Aug. 11, 1994. Original rule filed Dec. 16, 1993, effective July 10, 1994. For intervening history, please consult the **Code of State Regulations**. Emergency rescission filed Dec. 22, 2005, effective Jan. 1, 2006, expires June 29, 2006. A proposed rescission covering this same material is published in this issue of the **Missouri Register**.*

Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 2—State Membership

EMERGENCY RULE

22 CSR 10-2.010 Definitions

PURPOSE: This rule establishes the policy of the board of trustees regarding the key terms within the Missouri Consolidated Health Care Plan relative to state members.

EMERGENCY STATEMENT: This emergency rule must be in place by January 1, 2006, in accordance with the new plan year. Therefore, this rule is necessary to protect members (employees, retirees and their families) enrolled in the Missouri Consolidated Health Care Plan (MCHCP) from the unintended consequences of having their health insurance coverage interrupted due to confusion regarding eligibility or availability of benefits. Further, it clarifies member eligibility and responsibility for various types of eligible charges, beginning with the first day of coverage for the new plan year. It may also help ensure that inappropriate claims are not made against the state and help protect the MCHCP and its members from being subjected to unexpected and significant financial liability and/or litigation. It is imperative that this rule be registered immediately in order to maintain the integrity of the current health care plan. This emergency rule must become effective January 1, 2006, in order that an immediate danger is not imposed on the public welfare. This rule reflects changes made to the plan by the Missouri Consolidated Health Care Plan Board of Trustees. This emergency rule complies with the protections extended by the ***Missouri*** *and* ***United States Constitutions*** *and limits its scope to the circumstances creating the emergency. The MCHCP follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances. Emergency rule filed December 22, 2005, effective January 1, 2006, expires June 29, 2006.*

(1) Accident. An unforeseen and unavoidable event resulting in an injury which is not due to any fault or misconduct on the part of the person injured.

(2) Actively at work. You are considered actively at work when performing in the customary manner all of the regular duties of your occupation with the employer either at one (1) of the employer's regular places of business or at some location which the employer's business requires you to travel to perform your regular duties or other duties assigned by your employer. You are also considered to be actively at work on each day of a regular paid vacation or nonworking day on which you are not totally disabled, but only if you are performing in the customary manner all of the regular duties of your occupation with the employer on the immediately preceding regularly scheduled workday.

(3) Administrative appeal. Appeal procedures involving Missouri Consolidated Health Care Plan (MCHCP) administrative issues such as eligibility, effective date of coverage, etc.

(4) Administrative guidelines. The interpretation of the plan document as approved by the plan administrator, developed for administration of the plan. The administrative guidelines may be changed upon approval of the executive director or his/her designee. Benefits provided shall be those in effect at the time services are rendered.

(5) Adverse determination. When the claims administrator reviews an admission, availability of care, continued stay or other health care service and decides that it is not medically necessary, appropriate or effective. Therefore, payment for the requested service is denied, reduced or terminated.

(6) Allowable expense. Charges for services rendered or supplies furnished by a health plan that would qualify as covered expenses and for which the program pays in whole or in part, subject to any deductible, coinsurance, or table of allowance included in the program.

(7) Automatic reinstatement maximum. The maximum annual amount that can be reinstated to an individual's lifetime benefit.

(8) Benefit year. The twelve (12)-month period beginning January 1 and ending December 31. All annual deductibles and benefit maximums accumulate during the benefit year.

(9) Benefits. Amounts payable by the plan as determined by the schedule of benefits and their limitations and exclusions as interpreted by the plan administrator.

(10) Care Support Program. A voluntary program that helps manage a chronic condition with outpatient treatment.

(11) Claims administrator. An organization or group responsible for the processing of claims and associated services for the plan's self-insured benefit programs, including but not limited to the preferred provider organization (PPO) (also known as the co-pay plan) and health maintenance organization (HMO) type plans.

(12) Co-pay plan. A set of benefits similar to a health maintenance organization option.

(13) Cosmetic surgery. A procedure performed primarily for psychological purposes or to preserve or improve appearance rather than restore the anatomy and/or functions of the body which are lost or impaired due to illness or injury.

(14) Covered benefits. A schedule of covered services and charges, including chiropractic services, which are payable under the plan. The benefits covered under each type of plan are outlined in the applicable rule in this chapter.

(15) Custodial care. Services and supplies furnished primarily to assist an individual to meet the activities of daily living. Activities of daily living include such things as bathing, feeding, administration of oral medicines, or other services that can be provided by persons without the training of a health care provider or that do not entail or require the continuing attention of trained medical or paramedical personnel.

(16) Deductible. The amount of expense the member must pay before the plan begins to pay for covered services and supplies. This amount is not reimbursable by the plan.

(17) Dependent-only participation. Participation of certain survivors of employees. Dependent participation may be further defined to include the deceased employee's:

(A) Spouse only;

(B) Child(ren) only; or

(C) Spouse and child(ren).

(18) Dependents. The lawful spouse of the employee, the employee's unemancipated child(ren) and certain survivors of employees, as provided in the plan document and these rules, for whom application has been made and has been accepted for participation in the plan.

(19) Diagnostic charges. The usual and customary charges (UCR) or the network discounted rate (NDR) for x-ray or laboratory examinations made or ordered by a physician in order to detect a medical condition.

(20) Disposable supplies. Do not withstand prolonged use and are periodically replaced. Includes, but not limited to, colostomy and ureterostomy bags.

(21) Durable medical equipment (DME). Equipment able to withstand repeated use for the therapeutic treatment of an active illness or injury. Such equipment is not covered under the plan if it could be useful to a person in the absence of an illness or injury and could be purchased without a physician's prescription.

(22) Eligibility date. Refer to 22 CSR 10-2.020 for effective date provisions.

(A) Newly-hired employees and their eligible dependents, or employees rehired after their participation terminates and their eligible dependents, are eligible to participate in the plan on the first day of the month following the employee's date of employment or reemployment.

(B) Employees transferred from a state department with coverage under another medical care plan into a state department covered by this plan and their eligible dependents who were covered by the other medical care plan will be eligible for participation subject to any applicable pre-existing conditions as outlined in the plan document.

(C) Employees who terminate all employment with the state (not simply move from one agency to another) and are rehired as a new state employee before termination of participation, and their eligible dependents who were covered by the plan, will be eligible for participation immediately.

(D) Employees who terminate all employment with the state (not simply move from one agency to another) and are rehired as a new state employee in the subsequent month, and their eligible dependents who were covered by the plan, will be eligible for participation retroactive to the date following termination of participation.

(23) Emancipated child(ren). A child(ren) who is:

(A) Employed on a full-time basis;

(B) Eligible for group health benefits in his/her own behalf;

(C) Maintaining a residence separate from his/her parents or guardian, except for full-time students in an accredited school or institution of higher learning; or

(D) Married.

(24) Employee and dependent participation. Participation of an employee and the employee's eligible dependents. Any individual eligible for participation as an employee is not eligible as a dependent, except as noted in 22 CSR 10-2.020(1)(A)3. Dependent participation may be further defined to include the participating employee's:

(A) Spouse only;

(B) Child(ren) only; or

(C) Spouse and child(ren).

(25) Employee only participation. Participation of an employee without participation of the employee's dependents, whether or not the employee has dependents.

(26) Employees. Employees of the state and present and future retirees from state employment who meet the eligibility requirements as prescribed by state law.

(27) Employer. The state department that employs the eligible employee as defined above.

(28) Executive director. The administrator of the Missouri Consolidated Health Care Plan (MCHCP) who reports directly to the plan administrator.

(29) Experimental/Investigational/Unproven. A treatment, procedure, device or drug that meets any of the criteria listed below is considered experimental/investigational/unproven, and is not eligible for coverage under the plan. Reliable evidence includes anything determined to be such by the plan administrator, in the exercise of its discretion, and may include published reports and articles in the medical and scientific literature generally considered to be authoritative by the national medical professional community. Experimental/investigational/unproven is defined as a treatment, procedure, device or drug that the plan administrator determines, in the exercise of its discretion:

(A) Has not received the approval of the U.S. Food and Drug Administration for marketing the drug or device at the time it is furnished, if such approval is required by law;

(B) Is shown by reliable evidence to be the subject of ongoing Phase I, II, or III clinical trials or under study to determine its maximum tolerated dose, its toxicity, safety, efficiency, or its efficacy as compared with the standard means of treatment or diagnosis; or

(C) Is shown by reliable evidence that the consensus of opinion among experts regarding the treatment, procedure, device or drug is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficiency as compared with the standard means of treatment or diagnosis.

(30) Formulary drugs. A list of drugs preferred by the claims administrator of the pharmacy program and as allowed by the plan administrator.

(31) Grievance. A written complaint submitted by or on behalf of a member regarding either:

(A) Availability, delivery or quality of health care services, including a complaint regarding an adverse determination made pursuant to utilization review; or

(B) Claims payment, handling or reimbursement for health care services.

(32) Health maintenance organization (HMO). A plan that provides for a wide range of comprehensive health care services for a specified group at a fixed periodic prepayment.

(33) Home health agency. An agency certified by the Missouri Department of Health and Senior Services, or any other state's licensing or certifying body, to provide health care services to persons in their homes.

(34) Hospice. A facility or program designed to provide a caring environment for supplying the physical and emotional needs of the terminally ill.

(35) Hospital.

(A) An institution operated pursuant to law and primarily engaged in providing on an inpatient basis medical, diagnostic and surgical facilities, all of which must be provided on its premises, under the supervision of a staff of one (1) or more physicians and with twenty-four (24) hour-a-day nursing service by a registered nurse (RN) on duty or call.

(B) An institution not meeting all the requirements of (35)(A) of this rule, but which is accredited as a hospital by the Joint Commission on Accreditation of Health Care Organizations.

(C) An institution operated principally for treating sick and injured persons through spiritual means and recognized as a hospital under Part A, Hospital Insurance Benefits for the Aged of Medicare (Title I of Public Law 89-97).

(D) A psychiatric residential treatment center accredited by the Joint Commission on Accreditation of Health Care Organizations on either an inpatient or outpatient basis.

(E) A residential alcoholism, chemical dependency or drug addiction treatment facility accredited by the Joint Commission on Accreditation of Health Care Organizations or licensed or certified by the state of jurisdiction.

(F) In no event shall the term hospital include a skilled nursing facility or any institution or part thereof which is used primarily as a skilled nursing facility, nursing home, rest home or facility for the aged.

(36) Hospital copayment. Set dollar amount a subscriber must pay for each hospital admission.

(37) Hospital room charges. The hospital's most common charge for semi-private accommodations, unless a private room has been recommended by a physician and approved by the claims administrator or the plan administrator.

(38) Illness. Any bodily sickness, disease, or mental/nervous disorder. For purposes of this plan, pregnancy is considered as any other illness.

(39) Incident. A definite and separate occurrence of a condition.

(40) Injury. A condition that results independently of an illness and all other causes and is a result of an external force or accident.

(41) Inpatient. Confined to a registered bed. Patient in hospital, skilled nursing facility, hospice or free-standing chemical dependency treatment center.

(42) Legend. Any drug that requires a prescription from either a physician or a practitioner, under either federal or applicable state law, in order to be dispensed.

(43) Lifetime. The period of time you or your eligible dependents participate in the plan.

(44) Lifetime Maximum. The maximum amount payable by a medical plan during a covered member's life.

(45) Medical benefits coverage. Services that are received from providers recognized by the plan and are covered benefits under the plan.

(46) Medically necessary. Treatments, procedures, services or supplies that the plan administrator determines, in the exercise of its discretion:

(A) Are expected to be of clear clinical benefit to the patient; and

(B) Are appropriate for the care and treatment of the injury or illness in question; and

(C) Conform to standards of good medical practice as supported by applicable medical and scientific literature. A treatment, procedure, service or supply must meet all criteria listed above to be considered medically necessary and to be eligible for coverage under the plan. In addition, the fact that a health care provider has prescribed, ordered or recommended a treatment, procedure, service or supply does not, in itself, mean that it is medically necessary as defined above. Further, the treatment, procedure, service or supply must not be specifically excluded from coverage under this plan.

(47) Network provider. A physician, hospital, pharmacy, etc., that is contracted with the medical plan.

(48) Non-formulary. A drug not contained on the health plan's or the pharmacy program's formulary list or preferred drug list.

(49) Non-network provider or non-participating provider. Any physician, hospital, pharmacy, etc., that does not have a contract with the health plan or the pharmacy program.

(50) Nurse. A registered nurse (RN), licensed practical nurse (LPN) or licensed vocational nurse (LVN). Nurse shall also include an employee of an institution operated principally for treating sick and injured persons through spiritual means which meets the requirements of a hospital as defined in this rule.

(51) Open enrollment period. A period designated by the plan during which subscribers may enroll, switch, or change their level of coverage in any of the available health care options with the new coverage becoming effective as of the beginning of the new plan year.

(52) Out-of-area. Applies to claims of members living in specified zip code areas where the number of available providers does not meet established criteria.

(53) Out-of-network. Providers that do not participate in the member's health plan.

(54) Outpatient. Treatment either outside a hospital setting or at a hospital when room and board charges are not incurred.

(55) Partial hospitalization. A distinct and organized intensive ambulatory treatment service, less than twenty-four (24)-hour daily care specifically designed for the diagnosis and active treatment of a mental/nervous disorder when there is a reasonable expectation for improvement or to maintain the individual's functional level and to prevent relapse or hospitalization.

(A) Partial hospitalization programs must provide diagnostic services; services of social workers; psychiatric nurses and staff trained to work with psychiatric patients; individual, group and family therapies; activities and occupational therapies; patient education; and chemotherapy and biological treatment interventions for therapeutic purposes.

(B) The facility providing the partial hospitalization must prepare and maintain a written plan of treatment for each patient. The plan must be approved and periodically reviewed by a physician.

(56) Participant. Any employee or dependent accepted for membership in the plan.

(57) Pharmacy benefit manager (PBM). Acts as a link between the parties involved in the delivery of prescription drugs to health plan members. The PBM designs, implements, manages the overall drug benefit of the plan, and processes claims payments.

(58) Physically or mentally disabled. The inability of a person to be self-sufficient as the result of a condition diagnosed by a physician as a continuing condition.

(59) Physician/Doctor. A licensed practitioner of the healing arts, acting within the scope of his/her practice as licensed under section 334.021, RSMo.

(60) Plan. The program of health care benefits established by the trustees of the Missouri Consolidated Health Care Plan as authorized by state law.

(61) Plan administrator. The trustees of the Missouri Consolidated Health Care Plan. As such, the board is the sole fiduciary of the plan, has all discretionary authority to interpret its provisions and to control the operation and administration of the plan, and whose decisions are final and binding on all parties.

(62) Plan document. The statement of the terms and conditions of the plan as promulgated by the plan administrator in this chapter.

(63) Plan year. Same as benefit year.

(64) Point-of-service (POS). A plan which provides a wide range of comprehensive health care services, like an HMO, if in-network providers are utilized, and like a PPO plan, if non-network providers are utilized.

(65) Pre-admission testing. X-rays and laboratory tests conducted prior to a hospital admission which are necessary for the admission.

(66) Pre-authorization. A cost control procedure that requires the service or medication to be approved in advance by the doctor and/or

the plan. Without prior authorization, the plan may not pay for the test, drug, or service.

(67) Pre-certification program. Also known as pre-admission certification, pre-admission review, and pre-certification. The process of obtaining certification or authorization from the plan for routine hospital admissions and surgical or diagnostic procedures (inpatient or outpatient).

(68) Pre-existing condition. A condition for which you have incurred medical expenses or received treatment within the three (3) months prior to your effective date of coverage.

(69) Preferred provider organization (PPO). An arrangement with providers where discounted rates are given to members of the plan who, in turn, are offered a financial incentive to use these providers.

(70) Prevailing fee. The fee charged by the majority of dentists.

(71) Primary care physician (PCP). A physician (usually an internist, family/general practitioner or pediatrician) who has contracted with and been approved by an HMO or POS. The PCP is accountable for all medical services of members including referrals. The PCP supervises other provided care such as services of specialists and hospitalization.

(72) Prior plan. The terms and conditions of a plan in effect for the period preceding coverage in the MCHCP.

(73) Proof of insurance. Evidence in written form from an insurance company that provides verification of coverage for a given period of time.

(74) Prostheses. An artificial extension that replaces a missing part of the body. Prostheses are typically used to replace parts lost by injury (traumatic) or missing from birth (congenital) or to supplement defective parts.

(75) Provider. Hospitals, physicians, chiropractors, medical agencies, or other specialists who provide medical care within the scope of his/her practice and are recognized under the provisions and administrative guidelines of the plan. Provider also includes a qualified practitioner of an organization which is generally recognized for health insurance reimbursement purposes and whose principles and practices of spiritual healing are well established and recognized.

(76) Reconstructive surgery. A procedure performed to restore the anatomy and/or functions of the body that are lost or impaired due to an injury or illness.

(77) Refractions. A record of the patient's preference for the focusing of the eyes that can then be used to purchase eyeglasses. It is the portion of the eye exam that determines what prescription lens provides the patient with the best possible vision.

(78) Rehabilitation facility. A legally operating institution or distinct part of an institution that has a transfer agreement with one or more hospitals and is primarily engaged in providing comprehensive multidisciplinary physical restorative services, post-acute hospital and rehabilitative inpatient care and is duly licensed by the appropriate government agency to provide such services.

(A) It does not include institutions that provide only minimal care, custodial care, ambulatory or part-time care services, or an institution that primarily provides treatment of mental/nervous disorders, substance abuse or tuberculosis, except if such facility is licensed, certified or approved as a rehabilitation facility for the treatment of mental/nervous conditions or substance abuse in the jurisdiction where it is located, or is accredited as such a facility by the Joint Commission for the Accreditation of Health Care Organizations (JCAHO) or the Commission for the Accreditation of Rehabilitation Facilities.

(79) Review agency. A company responsible for administration of clinical management programs.

(80) Second opinion program. A consultation and/or exam with a physician qualified to perform the procedure who is not affiliated with the attending physician/surgeon, for the purpose of evaluating the medical necessity and advisability of undergoing a surgical procedure or receiving a service.

(81) Skilled nursing facility (SNF). An institution which meets fully each of the following requirements:

(A) It is operated pursuant to law and is primarily engaged in providing, for compensation from its patients, the following services for persons convalescing from sickness or injury: room, board and twenty-four (24) hour-a-day nursing service by one (1) or more professional nurses and nursing personnel as are needed to provide adequate medical care;

(B) It provides the services under the supervision of a proprietor or employee who is a physician or registered nurse; and it maintains adequate medical records and has available the services of a physician under an established agreement, if not supervised by a physician or registered nurse; and

(C) A skilled nursing facility shall be deemed to include institutions meeting the criteria in section (81) of this rule which are established for the treatment of sick and injured persons through spiritual means and are operated under the authority of organizations which are recognized under Medicare (Title I of Public Law 89-97).

(82) Sound natural teeth. Teeth and/or tissue that is viable, functional, and free of disease. A sound natural tooth has no decay, fillings on no more than two (2) surfaces, no gum disease associated with bone loss, no history of root canal therapy, is not a dental implant, and functions normally in chewing and speech.

(83) Specialty drugs. High cost drugs that are primarily self-injectible but sometimes oral medications.

(84) State. Missouri.

(85) Subrogation. The substitution of one "party" for another. Subrogation entitles the insurer to the rights and remedies that would otherwise belong to the insured (the subscriber) for a loss covered by the insurance policy. Subrogation allows the plan to stand in the place of the participant and recover the money directly from the other insurer.

(86) Subscriber. The employee or member who elects coverage under the plan.

(87) Survivor. A member who meets the requirements of 22 CSR 10-2.020(5)(A).

(88) Unemancipated child(ren). A natural child(ren), a legally adopted child(ren) or a child(ren) placed for adoption, and a dependent disabled child(ren) over twenty-three (23) years of age (during initial eligibility period only and appropriate documentation may be required by the plan), and the following:

(A) Stepchild(ren);

(B) Foster child(ren) for whom the employee is responsible for health care;

(C) Grandchild(ren) for whom the employee has legal custody and is responsible for providing health care;

(D) Other child(ren) for whom the employee is legal custodian subject to specific approval by the plan administrator.

1. Except for a disabled child(ren) as described in section (58) of this rule, an unemancipated child(ren) is eligible from birth to the end of the month in which s/he is emancipated, as defined here, or

attains age twenty-three (23) (see 22 CSR 10-2.020(3)(D)2. for continuing coverage on a handicapped child(ren) beyond age twenty-three (23)); and

(E) Stepchild(ren) who are not domiciled with the employee, provided the natural parent who is legally responsible for providing coverage is also covered as a dependent under the plan;

(89) Usual, customary, and reasonable charge.

(A) Usual. The fee a physician most frequently charges the majority of his/her patients for the same or similar services;

(B) Customary. The range of fees charged in a geographic area by physicians of comparable skills and qualifications for the same performance of similar service;

(C) Reasonable. The flexibility to take into account any unusual clinical circumstances involved in performing a particular service; and

(D) A formula is used to determine the customary maximum. The customary maximum is the usual charge submitted by ninety percent (90%) of the doctors for ninety percent (90%) of the procedures reported.

(90) Utilization review. Evaluation of the necessity, appropriateness, and efficiency of the use of medical services, procedures, and facilities on a prospective, concurrent, or retrospective basis.

(91) Vested subscriber. A member who meets the requirements of 22 CSR 10-2.020(5)(B).

AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Dec. 16, 1993, effective Jan. 1, 1994, expired April 30, 1994. Emergency rule filed April 4, 1994, effective April 14, 1994, expired Aug. 11, 1994. Original rule filed Dec. 16, 1993, effective July 10, 1994. For intervening history, please consult the ***Code of State Regulations****. Emergency rescission and rule filed Dec. 22, 2005, effective Jan. 1, 2006, expires June 29, 2006. A proposed rule covering this same material is published in this issue of the* ***Missouri Register****.*

Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 2—State Membership

EMERGENCY AMENDMENT

22 CSR 10-2.020 Subscriber Agreement and General Membership Provisions. The board is amending sections (2), (3) and (8).

PURPOSE: This amendment modifies the policy of the board of trustees in regard to the employee's subscriber agreement and membership period for participation in the Missouri Consolidated Health Care Plan.

EMERGENCY STATEMENT: This emergency amendment must be in place by January 1, 2006, in accordance with the new plan year. Therefore, this amendment is necessary to protect members (employees, retirees and their families) enrolled in the Missouri Consolidated Health Care Plan (MCHCP) from the unintended consequences of having their health insurance coverage interrupted due to confusion regarding eligibility or availability of benefits. Further, it clarifies member eligibility and responsibility for various types of eligible charges, beginning with the first day of coverage for the new plan year. It may also help ensure that inappropriate claims are not made against the state and help protect the MCHCP and its members from being subjected to unexpected and significant financial liability and/or litigation. It is imperative that this amendment be registered immediately in order to maintain the integrity of the current health care plan. This emergency amendment must become effective January 1, 2006, in order that an immediate danger is not imposed on the public welfare. This amendment reflects changes made to the plan by the Missouri Consolidated Health Care Plan Board of Trustees. This emergency amendment complies with the protections extended by the ***Missouri*** *and* ***United States Constitutions*** *and limits its scope to the circumstances creating the emergency. The MCHCP follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances. Emergency amendment filed December 22, 2005, effective January 1, 2006, expires June 29, 2006.*

(2) The effective date of participation shall be determined, subject to the effective date provision in subsection (2)(C), as follows:

(B) Dependent Coverage. Dependent participation cannot precede the subscriber's participation. Application for participants must be made in accordance with the following provisions. **Effective dates for all dependent coverage is wholly dependent upon paragraph (2)(B)1.**

1. Proof of eligibility documentation is required for all dependents. The plan reserves the right to request that such proof of eligibility be provided at any time upon request. If such proof is not received or is unacceptable as determined by the plan administrator, coverage for the applicable dependent will either be terminated or will never take effect.

A. For the addition of dependents: Required documentation should accompany the application for coverage. Failure to provide acceptable documentation with the application will result in the dependent not having coverage until such proof is received, subject to the deadline noted in part (2)(B)1.A.(I).

(I) If proof of eligibility is not received with the application, such proof will be requested by letter sent to the subscriber. Documentation shall be received no later than thirty (30) days from the date of the letter requesting such proof. Failure to provide the required documentation in a timely manner will result in the dependent being ineligible for coverage until the next open enrollment period unless a life event occurs.

2. Documentation is also required when a subscriber attempts to terminate a dependent's coverage in the case of divorce or death.

3. Acceptable forms of proof of eligibility are included in the following chart:

Circumstance	Documentation
Birth of dependent(s)	• Birth certificate; or • Hospital certificate
Addition of step -child(ren)	• Marriage license to biological parent of child(ren); *and* • Birth or Hospital certificate for child(ren) that names the subscriber's spou se as a parent
Addition of foster - child(ren)	• Placement papers in subscriber's care
Adoption of dependent(s)	• Adoption papers; or • Placement papers
Legal guardianship of dependent(s)	• Court-documented guardianship papers (Power of Attorney is not acceptable)
Newborn of covered dependent	• Birth certificate for subscriber's child(ren); *and* • Birth certificate for subscriber's grandchild(ren)
Marriage	• Marriage license; • Marriage certificate; or • Newspaper notice of the wedding
Divorce	• Final divorce decree; or • Notarized letter from spouse stating he/she is agreeable to termination of coverage pending divorce
Death	• Death Certificate

4. For family coverage, once a subscriber is participating with respect to dependents, newly acquired dependents are automatically covered on their effective dates as long as the plan administrator is notified within thirty-one (31) days of the person becoming a dependent. First eligible dependents must be added within thirty-one (31) days of such qualifying event. The employee is required to notify the plan administrator on the appropriate form of the dependent's name, date of birth, eligibility date and Social Security number, if available. Claims will not be processed until the required information is provided.

*[1.]***5.** If an employee makes concurrent application for dependent participation on or before the date of eligibility or within thirty-one (31) days thereafter, participation for dependent will become effective on the date the employee's participation becomes effective;

*[2.]***6.** When an employee participating in the plan first becomes eligible with respect to a dependent child(ren), coverage may become effective on the eligibility date or the first day of the month coinciding with or following the date of eligibility if application is made within thirty-one (31) days of the date of eligibility and provided any required contribution for the period is made;

*[3.]***7.** Unless required under federal guidelines—

A. An emancipated dependent who regains his/her dependent status is immediately eligible for coverage if an application is submitted within thirty-one (31) days of regaining dependent status; and

B. An eligible dependent that is covered under a spouse's health plan who loses eligibility under the criteria stipulated for dependent status under the spouse's health plan is not eligible for coverage until the next open enrollment period. (Note: Subparagraphs (2)(B)*[3.]***7.**A. and B. do not include dependents of retirees or long-term disability members covered under the plan); and

*[4.]***8.** Survivors, retirees, vested subscribers and long-term disability subscribers may only add dependents to their coverage when the dependent is first eligible for coverage;

(C) Effective Date Proviso. **The effective date of coverage is the first of the month coinciding with or following your eligibility date and the date the form is received by the plan. The effective date of coverage cannot be prior to the date of receipt of the enrollment form by the plan. The effective date for dependent coverage is wholly dependent upon the appropriate proof of eligibility documentation being timely received by the plan (see (2)(B)1.).**

[1. In any instance when the employee is not actively working full-time on the date participation would otherwise have become effective, participation shall not become effective until the date the employee returns to full-time active work;]

(3) Termination of participation shall occur on the last day of the calendar month coinciding with or following the happening of any of the following events, whichever shall occur first:

(D) Termination of Eligibility for Participation.

1. With respect to employees, termination of participation shall occur upon termination of employment in a position covered by the MCHCP, except as specified in sections (4) and (5).

2. With respect to dependents, termination of participation shall occur upon ceasing to be a dependent as defined in this rule **or upon failure to provide the plan with acceptable proof of eligibility** with the following exception: unemancipated mentally retarded and/or physically handicapped children will continue to be eligible beyond age twenty-three (23) during the continuance of a permanent disability provided documentation satisfactory to the plan administrator is furnished by a physician prior to the dependent's twenty-third birthday, and as requested at the discretion of the plan administrator.

3. Termination of employee's participation shall terminate the participation of dependents, except as specified in section (5).

(8) Medicare. Participants eligible for Medicare who are not eligible for this plan as their primary plan, shall be eligible for benefits no less than those benefits for participants not eligible for Medicare. For such participants who elect to continue their coverage, benefits of this plan shall be coordinated with Medicare benefits on the then standard coordination of benefits basis to provide up to one hundred percent (100%) reimbursement for covered charges.

(A) If a participant eligible for Medicare who is not eligible for this plan as the primary plan is not covered by Medicare, an estimate of Medicare Part A and/or Part B benefits shall be made and used for coordination or reduction purposes in calculating benefits. Benefits will be calculated on a claim submitted basis so that if, for a given claim, Medicare reimbursement was for more than the benefits provided by this plan without Medicare, the balance will not be considered when calculating subsequent claims; *[and]*

(B) If a participant eligible for Medicare Part D enrolls in a Medicare Part D plan in addition to coverage under this plan, such participant's coverage may be terminated under this plan in order for the plan to avoid liability for filing a false claim under the subsidy reimbursement portion of Medicare Part D; and

[(B)] **(C)** If any retired participants or long-term disability recipients, their eligible dependents or surviving dependents eligible for coverage elect not to be continuously covered from the date first eligible, or do not apply for coverage within thirty-one (31) days of their eligibility date, they shall not thereafter be eligible for coverage.

AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Dec. 16, 1993, effective Jan. 1, 1994, expired April 30, 1994. Emergency rule filed April 4, 1994, effective April 14, 1994, expired Aug. 11, 1994. Original rule filed Dec. 16, 1993, effective July 10, 1994. For intervening history, please consult the ***Code of State Regulations****. Emergency amendment filed Dec. 22, 2005, effective Jan. 1, 2006, expires June 29, 2006. A proposed amendment covering this same material is published in this issue of the* ***Missouri Register****.*

Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 2—State Membership

EMERGENCY RULE

22 CSR 10-2.050 PPO and Co-Pay Benefit Provisions and Covered Charges

PURPOSE: This rule establishes the benefit provisions and covered charges in the Missouri Consolidated Health Care Plan PPO and/or Co-Pay plan.

EMERGENCY STATEMENT: This emergency rule must be in place by January 1, 2006, in accordance with the new plan year. Therefore, this rule is necessary to protect members (employees, retirees and their families) enrolled in the Missouri Consolidated Health Care Plan (MCHCP) from the unintended consequences of having their health insurance coverage interrupted due to confusion regarding eligibility or availability of benefits. Further, it clarifies member eligibility and responsibility for various types of eligible charges, beginning with the first day of coverage for the new plan year. It may also help ensure that inappropriate claims are not made against the state and help protect the MCHCP and its members from being subjected to unexpected and significant financial liability and/or litigation. It is imperative that this rule be registered immediately in order to maintain the integrity of the current health care plan. This emergency rule must become effective January 1, 2006, in order that an immediate danger is not imposed on the public welfare. This rule reflects changes made to the plan by the Missouri Consolidated Health Care Plan Board of Trustees. This emergency rule complies with the protections extended by the ***Missouri*** *and*

***United States Constitutions** and limits its scope to the circumstances creating the emergency. The MCHCP follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances. Emergency rule filed December 22, 2005, effective January 1, 2006, expires June 29, 2006.*

(1) Lifetime maximum, three (3) million dollars.

(2) Automatic annual reinstatement—maximum, five thousand dollars ($5,000).

(3) Deductible amount—per individual for the Preferred Provider Organization (PPO) plan each calendar year, five hundred dollars ($500), family limit each calendar year, one thousand dollars ($1,000).

(4) Coinsurance—non-network coinsurance amounts apply after deductible has been met. Coinsurance is no longer applicable for the remainder of the calendar year once out-of-pocket maximum is reached.

(A) The deductible is waived and claims are paid at eighty percent (80%) for the following services: home health care, infusion, durable medical equipment (DME), and audiologists.

(B) Claims may also be paid at eighty percent (80%) if you require covered services that are not available through a network provider in your area. The participant must contact the claims administrator in order to have a local provider approved. Such approval is not permanent.

(C) Non-network claims—seventy percent (70%) of the first four thousand dollars ($4,000) for an individual, or of the first eight thousand dollars ($8,000) for a family, of covered charges in the calendar year which are subject to coinsurance. One hundred percent (100%) of any excess covered charges in the calendar year. But see the provision applicable to second opinion, substance abuse and mental and nervous conditions, chiropractic care and PPOs.

(5) Co-payments—set charges for the following types of claims so long as network providers are utilized. Co-payments are no longer charged for the remainder of the calendar year once out-of-pocket maximum is reached with the exceptions noted under (5)(G).

(A) Office visit—twenty-five dollars ($25).

(B) Laboratory and X-ray services—no co-payment; covered at one hundred percent (100%).

(C) Inpatient hospitalizations—three hundred dollars ($300) per admission.

(D) Maternity—twenty-five dollars ($25) for initial visit.

(E) Preventive care—no co-payment; covered at one hundred percent (100%).

(F) Outpatient surgery—seventy-five dollars ($75).

(G) Services that do not apply to the out-of-pocket maximum and for which applicable costs will continue to be charged: office visits, emergency room visits, hospital admissions, outpatient surgery, claims for services paid at one hundred percent (100%), charges above the Usual, Customary, and Reasonable (UCR) limit, percentage amount coinsurance is reduced as a result of non-compliance with pre-certification, coinsurance amounts related to infertility benefits, and charges above the maximum allowable amount for transplants performed by a non-network provider.

(6) Out-of-pocket maximum—the maximum amount payable by the participant before the plan begins to pay one hundred percent (100%) of covered charges for the remainder of the calendar year. Certain co-payments do not apply to the out-of-pocket maximum as noted under 5(G).

(A) Network out-of-pocket maximum for individual—two thousand dollars ($2,000);

(B) Network out-of-pocket maximum for family—four thousand dollars ($4,000);

(C) Non-network out-of-pocket maximum for individual—four thousand dollars ($4,000);

(D) Non-network out-of-pocket maximum for family—eight thousand dollars ($8,000);

(7) Any claim must be submitted within twelve (12) months of claim being incurred. The plan reserves the right to deny claims not timely filed.

*AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Dec. 16, 1993, effective Jan. 1, 1994, expired April 30, 1994. Emergency rule filed April 4, 1994, effective April 14, 1994, expired Aug. 11, 1994. Original rule filed Dec. 16, 1993, effective July 10, 1994. For intervening history, please consult the **Code of State Regulations**. Emergency rule filed Dec. 22, 2005, effective Jan. 1, 2006, expires June 29, 2006. A proposed rule covering this same material is published in this issue of the **Missouri Register**.*

Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 2— State Membership

EMERGENCY RULE

22 CSR 10-2.060 PPO and Co-Pay Plan Limitations

PURPOSE: This rule establishes the limitations and exclusions of the Missouri Consolidated Health Care Plan PPO and/or Co-Pay plan.

*EMERGENCY STATEMENT: This emergency rule must be in place by January 1, 2006, in accordance with the new plan year. Therefore, this rule is necessary to protect members (employees, retirees and their families) enrolled in the Missouri Consolidated Health Care Plan (MCHCP) from the unintended consequences of having their health insurance coverage interrupted due to confusion regarding eligibility or availability of benefits. Further, it clarifies member eligibility and responsibility for various types of eligible charges, beginning with the first day of coverage for the new plan year. It may also help ensure that inappropriate claims are not made against the state and help protect the MCHCP and its members from being subjected to unexpected and significant financial liability and/or litigation. It is imperative that this rule be registered immediately in order to maintain the integrity of the current health care plan. This emergency rule must become effective January 1, 2006, in order that an immediate danger is not imposed on the public welfare. This rule reflects changes made to the plan by the Missouri Consolidated Health Care Plan Board of Trustees. This emergency rule complies with the protections extended by the **Missouri** and **United States Constitutions** and limits its scope to the circumstances creating the emergency. The MCHCP follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances. Emergency rule filed December 22, 2005, effective January 1, 2006, expires June 29, 2006.*

(1) Benefits shall not be payable for, or in connection with, any medical benefits, services or supplies which do not come within the definition of covered charges, or within any of the sections of this rule.

(2) If applicable, all hospitalizations, outpatient treatment for chemical dependency or mental and nervous disorder that are not precertified as described in 22 CSR 10-2.045, reimbursement will be reduced by ten percent (10%) of reasonable and customary charges.

(3) Abortion—other than situations where the life of the mother is endangered if the fetus is carried to term or due to death of the fetus.

(4) Allergy services—no coverage for non-physician allergy services or associated expenses relating to an allergic condition, including installation of air filters, air purifiers, or air ventilation system cleaning.

(5) Alternative therapies—including, but not limited to, acupuncture, acupressure, homeopathy, hypnosis, massage therapy, reflexology, biofeedback, and other forms of alternative therapy.

(6) Autopsy.

(7) Blood storage, including whole blood, blood plasma and blood products.

(8) Care received without charge.

(9) Comfort and convenience items.

(10) Cosmetic, plastic, reconstructive or restorative surgery—unless medically necessary to repair a functional disorder caused by disease, injury or congenital defect or abnormality (for a participant under the age of nineteen (19)) or to restore symmetry following a mastectomy.

(11) Custodial or domiciliary care—includes services and supplies that assist members in the activities of daily living like walking, getting in and out of bed, bathing, dressing, feeding and using the toilet; preparation of special diets and supervision of medication that is usually self-administered.

(12) Dental—treatment must be initiated within sixty (60) days of accident. Limited to treatment of accidental injury to sound natural teeth. Oral surgery is covered only when medically necessary as a direct result from injury, tumors or cysts. Dental care, including oral surgery, as a result of poor dental hygiene is not covered. Extractions of bony or partial bony impactions are excluded.

(13) Durable medical equipment and disposable supplies—non-reusable disposable supplies including, but not limited to, bandages, wraps, tape, disposable sheets and bags, fabric supports, surgical face masks, incontinent pads, irrigating kits, pressure leotards, surgical leggings and support hose. Over-the-counter medications and supplies. Prescription compression stockings are limited to two (2) pairs of four (4) individual stockings per plan year.

(14) Educational or psychological testing— not covered unless part of a treatment program for covered services.

(15) Examinations requested by a third party.

(16) Exercise Equipment.

(17) Experimental services or investigational services—experimental or investigational services, procedures, supplies or drugs as determined by the claims administrator are not covered, except clinical trials for cancer treatment as specified by law.

(18) Eye glasses and contact lenses—charges incurred in connection with the fitting of eye glasses or contact lenses except for initial placement immediately following cataract surgery.

(19) Eye services—health services and associated expenses for orthoptics, eye exercises, radial keratotomy, LASIK and other refractive eye surgery.

(20) Services obtained at a government facility—not covered if care is provided without charge.

(21) Hair analysis, wigs and hair transplants—services related to the analysis of hair unless used as a diagnostic tool to determine poisoning. Also, hairstyling wigs, hairpieces and hair prostheses, including those ordered by a participating provider are not covered. Such items and services are not covered except for members ages eighteen (18) and under with alopecia as specified by law. Subject to two hundred dollar ($200) annual maximum and three thousand two hundred dollar ($3,200) lifetime maximum.

(22) Health and athletic club membership—including costs of enrollment.

(23) Immunizations requested by third party or for travel.

(24) Infertility—not covered. Those health services and associated expenses for the treatment of infertility including reversal of voluntary sterilization, intracytoplasmic sperm injection (ICSI), in vitro fertilization, gamete intrafallopian transfer (GIFT) and zygote intrafallopian transfer (ZIFT) procedures; embryo transport; donor sperm and related cost for collection; no cryopreservation of sperm or eggs; and nonmedically necessary amniocentesis.

(25) Level of care, if greater than is needed for the treatment of the illness or injury.

(26) Medical care and supplies—not to the extent that they are payable under—

(A) A plan or program operated by a national government or one of its agencies; or

(B) Any state's cash sickness or similar law including any group insurance policy approved under such law.

(27) Medical service performed by a family member—including a person who ordinarily resides in your household or is related to the participant, such as a spouse, parent, child, sibling or brother/sister-in-law.

(28) Military service connected injury or illness.

(29) Non-network providers—subject to deductible and non-network coinsurance.

(30) Not medically necessary services—with the exception of preventive services.

(31) Obesity—medical and surgical intervention is not covered.

(32) Orthognathic surgery.

(33) Orthoptics.

(34) Other charges—no coverage for charges that would not be incurred if you were not covered. Charges for which you or your dependents are not legally obligated to pay including, but not limited to, any portion of any charges that are discounted. Charges made in your name but which are actually due to the injury or illness of a different person not covered by the plan.

(35) Over-the-counter medications—except for insulin through the pharmacy benefit.

(36) Over-the-counter supplies—non-reusable disposable supplies including, but not limited to, bandages, wraps, tape, disposable sheets and bags, fabric supports, surgical face masks, incontinent pads, irrigating kits, pressure leotards, surgical leggings and support hose.

(37) Physical fitness.

(38) Pre-existing conditions—not covered for charges associated with pre-existing conditions.

(39) Private duty nursing.

(40) Prosthetic repair or replacement—not covered unless due to normal wear and tear, if there is a change in medical condition, if growth related or medically necessary.

(41) Services not specifically included as benefits.

(42) Smoking cessation—patches and gum are not covered. There is a limited benefit available under the pharmacy benefit.

(43) Stimulators (for bone growth)—not covered unless authorized by claims administrator.

(44) Surrogacy—pregnancy coverage is limited to plan member.

(45) Temporo-Mandibular Joint Syndrome (TMJ).

(46) Transsexual surgery—health services and associated expenses in the transformation operations regardless of any diagnosis or gender role disorientation or psychosexual orientation or any treatment or studies related to sex transformation. Also excludes hormonal support for sex transformation.

(47) Travel expenses—not covered unless authorized by claims administrator.

(48) Trimming of nails, corns or calluses—not covered except for persons being treated for diabetes, peripheral vascular disease or blindness.

(49) Usual, customary and reasonable (UCR)—charges exceeding UCR are not covered, as applicable to the non-network benefit.

(50) Vitamins and nutrients—limited to prenatal agents for pregnancy, therapeutic agents for specific deficiencies and conditions and hematopoietic agents through the pharmacy benefit.

(51) War or insurrection—liability to provide services limited in the event of a major disaster, epidemic, riot or other circumstances beyond the control of the plan.

(52) Workers' compensation—charges for services and treatment of an injury incurred during the course of employment and covered by Workers' Compensation, occupational disease law or similar laws, including all charges to be covered by any associated settlement agreement.

AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Dec. 16, 1993, effective Jan. 1, 1994, expired April 30, 1994. Emergency rule filed April 4, 1994, effective April 14, 1994, expired Aug. 11, 1994. Original rule filed Dec. 16, 1993, effective July 10, 1994. For intervening history, please consult the ***Code of State Regulations****. Emergency rule filed Dec. 22, 2005, effective Jan. 1, 2006, expires June 29, 2006. A proposed rule covering this same material is published in this issue of the* ***Missouri Register****.*

Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 2—State Membership

EMERGENCY RULE

22 CSR 10-2.064 HMO and POS Summary of Medical Benefits

PURPOSE: This rule establishes the benefit provisions and covered charges in the Missouri Consolidated Health Care Plan HMO and POS plans.

EMERGENCY STATEMENT: This emergency rule must be in place by January 1, 2006, in accordance with the new plan year. Therefore, this rule is necessary to protect members (employees, retirees and their families) enrolled in the Missouri Consolidated Health Care Plan (MCHCP) from the unintended consequences of having their health insurance coverage interrupted due to confusion regarding eligibility or availability of benefits. Further, it clarifies member eligibility and responsibility for various types of eligible charges, beginning with the first day of coverage for the new plan year. It may also help ensure that inappropriate claims are not made against the state and help protect the MCHCP and its members from being subjected to unexpected and significant financial liability and/or litigation. It is imperative that this rule be registered immediately in order to maintain the integrity of the current health care plan. This emergency rule must become effective January 1, 2006, in order that an immediate danger is not imposed on the public welfare. This rule reflects changes made to the plan by the Missouri Consolidated Health Care Plan Board of Trustees. This emergency rule complies with the protections extended by the ***Missouri*** *and* ***United States Constitutions*** *and limits its scope to the circumstances creating the emergency. The MCHCP follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances. Emergency rule filed December 22, 2005, effective January 1, 2006, expires June 29, 2006.*

(1) Co-payments—set charges for the following types of claims so long as network providers are utilized.

(A) Office visit—twenty-five dollars ($25).

(B) Laboratory and X-ray services—no co-payment; covered at one hundred percent (100%).

(C) Inpatient hospitalizations—three hundred dollars ($300) per admission.

(D) Maternity—twenty-five dollars ($25) for initial visit.

(E) Preventive care—no co-payment; covered at one hundred percent (100%).

(F) Outpatient surgery—seventy-five dollars ($75).

(2) Out-of-pocket maximum—Limited to no more than fifty percent (50%) of the cost of providing a single service. Co-payments are limited to no more than twenty percent (20%) of the cost of providing basic health care services for the total benefit period and may not exceed two hundred percent (200%) of the total annual premium.

(3) Any claim must be submitted within twelve (12) months of claim being incurred. The plan reserves the right to deny claims not timely filed.

AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Dec. 12, 2000, effective Jan. 1, 2001, expired June 29, 2001. Original rule filed Dec. 12, 2000, effective June 30, 2001. For intervening history, please consult the ***Code of State Regulations****. Emergency rule filed Dec. 22, 2005, effective Jan. 1, 2006, expires June 29, 2006. A proposed rule covering this same material is published in this issue of the* ***Missouri Register****.*

Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 2—State Membership

EMERGENCY RULE

22 CSR 10-2.067 HMO and POS Limitations

PURPOSE: This rule establishes the limitations and exclusions of the Missouri Consolidated Health Care Plan HMO and/or POS plan.

EMERGENCY STATEMENT: This emergency rule must be in place by January 1, 2006, in accordance with the new plan year. Therefore, this rule is necessary to protect members (employees, retirees and their families) enrolled in the Missouri Consolidated Health Care Plan (MCHCP) from the unintended consequences of having their health insurance coverage interrupted due to confusion regarding eligibility or availability of benefits. Further, it clarifies member eligibility and responsibility for various types of eligible charges, beginning with the first day of coverage for the new plan year. It may also help ensure that inappropriate claims are not made against the state and help protect the MCHCP and its members from being subjected to unexpected and significant financial liability and/or litigation. It is imperative that this rule be registered immediately in order to maintain the integrity of the current health care plan. This emergency rule must become effective January 1, 2006, in order that an immediate danger is not imposed on the public welfare. This rule reflects changes made to the plan by the Missouri Consolidated Health Care Plan Board of Trustees. This emergency rule complies with the protections extended by the ***Missouri*** *and* ***United States Constitutions*** *and limits its scope to the circumstances creating the emergency. The MCHCP follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances. Emergency rule filed December 22, 2005, effective January 1, 2006, expires June 29, 2006.*

(1) Benefits shall not be payable for, or in connection with, any medical benefits, services or supplies which do not come within the definition of covered charges, or within any of the sections of this rule.

(2) If applicable, all hospitalizations, outpatient treatment for chemical dependency or mental and nervous disorder that are not precertified as described in 22 CSR 10-2.045, reimbursement will be reduced by ten percent (10%) of reasonable and customary charges.

(3) Abortion—other than situations where the life of the mother is endangered if the fetus is carried to term or due to death of the fetus.

(4) Allergy services—no coverage for non-physician allergy services or associated expenses relating to an allergic condition, including installation of air filters, air purifiers, or air ventilation system cleaning.

(5) Alternative therapies—including, but not limited to, acupuncture, acupressure, homeopathy, hypnosis, massage therapy, reflexology, biofeedback, and other forms of alternative therapy.

(6) Autopsy.

(7) Blood storage, including whole blood, blood plasma and blood products.

(8) Care received without charge.

(9) Comfort and convenience items.

(10) Cosmetic, plastic, reconstructive or restorative surgery—unless medically necessary to repair a functional disorder caused by disease, injury or congenital defect or abnormality (for a participant under the age of nineteen (19)) or to restore symmetry following a mastectomy.

(11) Custodial or domiciliary care—includes services and supplies that assist members in the activities of daily living like walking, getting in and out of bed, bathing, dressing, feeding and using the toilet; preparation of special diets and supervision of medication that is usually self-administered.

(12) Dental—treatment must be initiated within sixty (60) days of accident. Limited to treatment of accidental injury to sound natural teeth. Oral surgery is covered only when medically necessary as a direct result from injury, tumors or cysts. Dental care, including oral surgery, as a result of poor dental hygiene is not covered. Extractions of bony or partial bony impactions are excluded.

(13) Durable medical equipment and disposable supplies—nonreusable disposable supplies including, but not limited to, bandages, wraps, tape, disposable sheets and bags, fabric supports, surgical face masks, incontinent pads, irrigating kits, pressure leotards, surgical leggings and support hose. Over-the-counter medications and supplies. Prescription compression stockings are limited to two (2) pairs of four (4) individual stockings per plan year.

(14) Educational or psychological testing—not covered unless part of a treatment program for covered services.

(15) Examinations requested by a third party.

(16) Exercise equipment.

(17) Experimental services or investigational services—experimental or investigational services, procedures, supplies or drugs as determined by the claims administrator are not covered, except clinical trials for cancer treatment as specified by law.

(18) Eye glasses and contact lenses—charges incurred in connection with the fitting of eye glasses or contact lenses except for initial placement immediately following cataract surgery.

(19) Eye services—health services and associated expenses for orthoptics, eye exercises, radial keratotomy, LASIK and other refractive eye surgery.

(20) Services obtained at a government facility—not covered if care is provided without charge.

(21) Hair analysis, wigs and hair transplants—services related to the analysis of hair unless used as a diagnostic tool to determine poisoning. Also, hairstyling wigs, hairpieces and hair prostheses, including those ordered by a participating provider are not covered. Such items and services are not covered except for members ages eighteen (18) and under with alopecia as specified by law. Subject to two hundred dollar ($200) annual maximum and three thousand two hundred dollar ($3,200) lifetime maximum.

(22) Health and athletic club membership—including costs of enrollment.

(23) Immunizations requested by third party or for travel.

(24) Infertility—Not covered. Those health services and associated expenses for the treatment of infertility including reversal of voluntary sterilization, intracytoplasmic sperm injection (ICSI), in vitro fertilization, gamete intrafallopian transfer (GIFT) and zygote intrafallopian transfer (ZIFT) procedures; embryo transport; donor sperm and related cost for collection; no cryopreservation of sperm or eggs; and nonmedically necessary amniocentesis.

(25) Level of care, if greater than is needed for the treatment of the illness or injury.

(26) Medical care and supplies—not to the extent that they are payable under—

(A) A plan or program operated by a national government or one of its agencies; or

(B) Any state's cash sickness or similar law including any group insurance policy approved under such law.

(27) Medical service performed by a family member—including a person who ordinarily resides in your household or is related to the participant, such as a spouse, parent, child, sibling or brother/sister-in-law.

(28) Military service connected injury or illness.

(29) Non-network providers—not covered unless in case of emergency or with prior approval of claims administrator.

(30) Not medically necessary services—with the exception of preventive services.

(31) Obesity—Medical and surgical intervention is not covered.

(32) Orthognathic surgery.

(33) Orthoptics.

(34) Other charges—no coverage for charges that would not be incurred if you were not covered. Charges for which you or your dependents are not legally obligated to pay including, but not limited to, any portion of any charges that are discounted. Charges made in your name but which are actually due to the injury or illness of a different person not covered by the plan.

(35) Over-the-counter medications—except for insulin through the pharmacy benefit.

(36) Over-the-counter supplies—non-reusable disposable supplies including, but not limited to, bandages, wraps, tape, disposable sheets and bags, fabric supports, surgical face masks, incontinent pads, irrigating kits, pressure leotards, surgical leggings and support hose.

(37) Physical fitness.

(38) Pre-existing conditions—not applicable to health maintenance organization (HMO) coverage.

(39) Private duty nursing.

(40) Prosthetic repair or replacement—not covered unless due to normal wear and tear, if there is a change in medical condition, if growth related or medically necessary.

(41) Services not specifically included as benefits.

(42) Smoking cessation—patches and gum are not covered. There is a limited benefit available under the pharmacy benefit.

(43) Stimulators (for bone growth)—not covered unless authorized by claims administrator.

(44) Surrogacy—pregnancy coverage is limited to plan member.

(45) Temporo-Mandibular Joint Syndrome (TMJ).

(46) Transsexual surgery—health services and associated expenses in the transformation operations regardless of any diagnosis or gender role disorientation or psychosexual orientation or any treatment or studies related to sex transformation. Also excludes hormonal support for sex transformation.

(47) Travel expenses—not covered unless authorized by claims administrator.

(48) Trimming of nails, corns or calluses—not covered except for persons being treated for diabetes, peripheral vascular disease or blindness.

(49) Vitamins and nutrients—limited to prenatal agents for pregnancy, therapeutic agents for specific deficiencies and conditions and hematopoietic agents through the pharmacy benefit.

(50) War or insurrection—liability to provide services limited in the event of a major disaster, epidemic, riot or other circumstances beyond the control of the plan.

(51) Workers' compensation—charges for services and treatment of an injury incurred during the course of employment and covered by Workers' Compensation, occupational disease law or similar laws, including all charges to be covered by any associated settlement agreement.

AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Dec. 21, 1994, effective Jan. 1, 1995, expired April 30, 1995. Emergency rule filed April 13, 1995, effective May 1, 1995, expired Aug. 28, 1995. Original rule filed Dec. 21, 1994, effective June 30, 1995. For intervening history, please consult the ***Code of State Regulations****. Emergency rule filed Dec. 22, 2005, effective Jan. 1, 2006, expires June 29, 2006. A proposed rule covering this same material is published in this issue of the* ***Missouri Register****.*

Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 2—State Membership

EMERGENCY RULE

22 CSR 10-2.090 Pharmacy Benefit Summary

PURPOSE: This rule establishes the benefit provisions, covered charges, limitations and exclusions of the Missouri Consolidated Health Care Plan pharmacy benefit.

EMERGENCY STATEMENT: This emergency rule must be in place by January 1, 2006, in accordance with the new plan year. Therefore, this rule is necessary to protect members (employees, retirees and their families) enrolled in the Missouri Consolidated Health Care Plan (MCHCP) from the unintended consequences of having their health insurance coverage interrupted due to confusion regarding eligibility or availability of benefits. Further, it clarifies member eligibility and responsibility for various types of eligible charges, beginning with the first day of coverage for the new plan year. It may also help ensure that inappropriate claims are not made against the state and help protect the MCHCP and its members from being subjected to unexpected and significant financial liability and/or litigation. It is imperative that this rule be registered immediately in order to maintain the integrity of the current health care plan. This emergency rule must become effective January 1, 2006, in order that an immediate danger is not imposed on the public welfare. This rule reflects changes made to the plan by the Missouri Consolidated Health Care Plan Board of Trustees. This emergency rule complies with the protections extended by the ***Missouri*** *and* ***United States Constitutions*** *and limits its scope to the circumstances creating the emergency. The MCHCP follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances. Emergency rule filed December 22, 2005, effective January 1, 2006, expires June 29, 2006.*

(1) The pharmacy benefit provides coverage for prescription drugs, as described in the following:

(A) Medications.

1. In-network:

A. Generic: Ten dollar ($10) co-payment for thirty (30)-day supply for generic drug on the formulary;

B. Formulary brand: Thirty dollar ($30) co-payment for thirty (30)-day supply for brand drug on the formulary;

C. Non-formulary: Fifty dollar ($50) co-payment for thirty (30)-day supply for non-formulary drug;

D. Prescriptions filled with a formulary brand drug when a generic is available will be subject to the generic co-payment amount in addition to paying the difference between the cost of the generic and the formulary brand drug;

E. Mail order program—Prescriptions may be filled through the mail order program and the member will receive up to a ninety (90)-day supply for twice the regular co-payment.

2. Non-network pharmacies—If a member chooses to use a non-network pharmacy, s/he will be required to pay the full cost of the prescription, then file a claim with the pharmacy plan administrator. S/he will be reimbursed the amount that would have been allowed at an in-network pharmacy, less any applicable co-payment. Any difference between the amount paid by the member at a non-network pharmacy and the amount that would have been allowed at an in-network pharmacy will not be applied to any out-of-pocket maximum. All such claims must be filed within twelve (12) months of the incurred expense.

(2) If the co-payment amount is more than the cost of the drug, the member is only responsible for the cost of the drug rather than the co-payment.

(3) Retail and mail order coverage includes the following:

(A) Diabetic supplies, including:

1. Insulin;
2. Syringes:
3. Test strips;
4. Lancets; and
5. Glucometers;

(B) Prescribed vitamins, excluding those vitamins that may be purchased over-the-counter;

(C) Prescribed self-injectables;

(D) Oral chemotherapy agents;

(E) Hematopoietic stimulants;

(F) Growth hormones with prior authorization;

(G) Infertility drugs—subject to fifty percent (50%) member coinsurance; and

(H) Smoking cessation prescriptions—subject to formulary restrictions and limited to five hundred dollar ($500) annual benefit. Patches or gum are not covered.

(4) Step Therapy—Step therapy requires that drug therapy for a medical condition begin with the most cost-effective and safest drug therapy before moving to other more costly therapy, if necessary. This program involves the member's physician and is only for members who take prescription drugs to treat certain ongoing medical conditions. The member is responsible for paying the full price for the prescription drug unless the member's physician prescribes a first step drug. If the member's physician decides for medical reasons that the member's treatment plan requires a different medication without attempting to use the first step drug, the physician may request a prior authorization from the pharmacy plan administrator. If the prior authorization is approved, the member is responsible for the applicable co-payment which may be higher than the first step drug. If the requested prior authorization is not approved, then the member is responsible for the full price of the drug.

(A) First Step:

1. Uses primarily generic drugs;
2. Lowest applicable co-payment is charged; and
3. First step drugs must be used before the plan will authorize payment for second step drugs.

(B) Second Step:

1. This step applies if the member's treatment plan requires a different medication after attempting the first step medication;
2. Uses primarily brand name drugs; and
3. Typically, a higher co-payment amount is applicable.

(5) Prior Authorization—Certain medications are subject to prior authorization. Network pharmacies will notify the member if prior authorization is required. The member or the pharmacy must contact the pharmacy plan administrator before payment will be approved.

(6) Filing of Claims—Claims must be filed within twelve (12) months of filling the prescription. Members may request claim forms from the plan or the pharmacy plan administrator. In order to file a claim, members must:

(A) Complete the claim form;

(B) Attach a prescription receipt or label with the claim form. Patient history printouts from the pharmacy are acceptable, but must be signed by the pharmacist. Cash register receipts are not acceptable for any prescriptions, except diabetic supplies. If attaching a receipt or label, the receipt or label shall include:

1. Pharmacy name and address;
2. Patient's name;
3. Price;
4. Date filled;
5. Drug name, strength, and national drug code (NDC);
6. Prescription number;
7. Quantity; and
8. Days supply.

(7) Formulary—The formulary does not change during a calendar year, unless:

(A) A generic drug becomes available to replace the brand name drug. If this occurs, the generic co-payment applies; or

(B) A drug becomes available over-the-counter. If this occurs, then the drug is no longer covered under the pharmacy benefit.

AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Dec. 22, 2005, effective Jan. 1, 2006, expires June 29, 2006. A proposed rule covering this same material is published in this issue of the ***Missouri Register****.*

The Secretary of State shall publish all executive orders beginning January 1, 2003, pursuant to section 536.035.2, RSMo Supp. 2005.

EXECUTIVE ORDER
05-46

WHEREAS, reliable and affordable energy is essential to the health and welfare of Missouri citizens; and

WHEREAS, reliable and affordable energy is also essential to the economic well being of this State; and

WHEREAS, the State of Missouri needs a long-term comprehensive approach to assuring an adequate and reasonably priced energy supply; and

WHEREAS, new opportunities for alternative fuel sources and agriculturally based fuels should be promoted to lessen the State's dependence on foreign oil and gas.

NOW THEREFORE, I, Matt Blunt, Governor of the State of Missouri, by virtue of the authority vested in me by the Constitution and Laws of the State of Missouri, do hereby create and establish the Missouri Energy Task Force.

The Task Force shall be composed of nine members. The Chair of the Public Service Commission shall serve as chairman of the Task Force and the remaining positions shall be filled by the following individuals:

a. The Lieutenant Governor, in his capacity as Senior Advocate for Missouri;

b. The Public Counsel;

c. The Speaker of the House of Representatives;

d. The President Pro Tem of the Senate;

e. One member of the House of Representatives' Utilities Committee, as designated by the Speaker;

f. One member of the Senate's Commerce and Environment Committee, as designated by the President Pro Tem;

g. The Director of the Department of Agriculture, or his designee; and

h. The Director of the Department of Natural Resources, or his designee.

Members of the Task Force shall receive no compensation for their service to the people of Missouri but may seek reimbursement for their reasonable and necessary expenses incurred as members of the Task Force, in accordance with the rules and regulations of the Office of Administration, to the extent that funds are available for such purpose.

The Task Force is assigned for administrative purposes to the Public Service Commission. The Executive Director of the Public Service Commission shall be available to assist the Task Force as necessary, and shall provide the Task Force with any staff assistance the Task Force may require from time to time.

The Task Force shall meet at the call of its Chair, and the Chair shall call the first meeting of the Task Force as soon as possible.

The Task Force shall provide a final report to the Governor no later than August 31, 2006. This report shall provide specific recommendations to:

1. Lessen Missouri's dependence on oil and other fossil fuels;

2. Assist Missourians who need help to afford their winter heating bills;

3. Promote the development of alternative fuel sources in ways that strengthen the farm economy of rural Missouri;

4. Encourage Missouri utilities to develop and operate electric power generation resources that will provide low-cost electricity well into the future.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 27th day of December, 2005.

Matt Blunt
Governor

ATTEST:

Robin Carnahan
Secretary of State

Under this heading will appear the text of proposed rules and changes. The notice of proposed rulemaking is required to contain an explanation of any new rule or any change in an existing rule and the reasons therefor. This is set out in the Purpose section with each rule. Also required is a citation to the legal authority to make rules. This appears following the text of the rule, after the word "Authority."

Entirely new rules are printed without any special symbology under the heading of the proposed rule. If an existing rule is to be amended or rescinded, it will have a heading of proposed amendment or proposed rescission. Rules which are proposed to be amended will have new matter printed in boldface type and matter to be deleted placed in brackets.

An important function of the *Missouri Register* is to solicit and encourage public participation in the rulemaking process. The law provides that for every proposed rule, amendment or rescission there must be a notice that anyone may comment on the proposed action. This comment may take different forms.

If an agency is required by statute to hold a public hearing before making any new rules, then a Notice of Public Hearing will appear following the text of the rule. Hearing dates must be at least thirty (30) days after publication of the notice in the *Missouri Register.* If no hearing is planned or required, the agency must give a Notice to Submit Comments. This allows anyone to file statements in support of or in opposition to the proposed action with the agency within a specified time, no less than thirty (30) days after publication of the notice in the *Missouri Register*.

An agency may hold a public hearing on a rule even though not required by law to hold one. If an agency allows comments to be received following the hearing date, the close of comments date will be used as the beginning day in the ninety (90)-day-count necessary for the filing of the order of rulemaking.

If an agency decides to hold a public hearing after planning not to, it must withdraw the earlier notice and file a new notice of proposed rulemaking and schedule a hearing for a date not less than thirty (30) days from the date of publication of the new notice.

Proposed Amendment Text Reminder:
Boldface text indicates new matter.
[Bracketed text indicates matter being deleted.]

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 7—Wildlife Code: Hunting: Seasons, Methods, Limits

PROPOSED AMENDMENT

3 CSR 10-7.410 Hunting Methods. The commission proposes to add a new subsection (1)(Q).

PURPOSE: This amendment prohibits computer-assisted remote hunting activities in locations removed from the physical location of the hunter.

(1) Wildlife may be hunted and taken only in accordance with the following:

(Q) Computer-Assisted Remote Hunting. Except as otherwise permitted in this Code, wildlife may be taken only in the immediate physical presence of the taker and may not be taken by use of computer-assisted remote hunting devices.

AUTHORITY: sections 40 and 45 of Art. IV, Mo. Const. Original rule filed July 22, 1974, effective Dec. 31, 1974. For intervening history, please consult the ***Code of State Regulations****. Amended: Filed Dec. 20, 2005.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with John W. Smith, Deputy Director, Department of Conservation, PO Box 180, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 150—State Board of Registration for the Healing Arts
Chapter 3—Licensing of Physical Therapists and Physical Therapist Assistants

PROPOSED AMENDMENT

4 CSR 150-3.010 Applicants for Licensure as Professional Physical Therapists. The board is proposing to amend section (2) and add new language in sections (4)–(6), renumber the remaining sections accordingly, add new language in the newly renumbered subsection (7)(C) and delete the annotation that immediately follows this rule in the *Code of State Regulations*.

PURPOSE: This amendment changes the existing rule regarding licensure requirements for physical therapists to be consistent with national standards.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(2) The applicant must furnish satisfactory evidence of completion of a program of physical therapy education approved as reputable by the board. If the applicant graduated on or before December 31, 2002**,** he/she must present evidence his/her physical therapy degree is the equivalent of a bachelor's degree in physical therapy from a United States college or university. If the applicant graduated after December 31, 2002**,** he/she must present evidence that his/her physical therapy degree is equivalent *[of a master's degree in physical therapy from a United States college or university]* **in content to the first professional degree in physical therapy in the United States as defined by the Federation of State Boards of Physical Therapy (FSBPT) as defined in the *Coursework Evaluation Tool for the Evaluation of Foreign Educated Physical***

Therapist, **dated May 2004, which is incorporated herein by reference as published by the FSBPT or its successor agency, available upon request from this office or upon request from the FSBPT, 509 Wythe Street, Alexandria, Virginia 22314, (703) 299-3100.** An applicant who presents satisfactory evidence of graduation from a physical therapy program approved as reputable by the Commission on Accreditation in Physical Therapy Education, or its successor, shall be deemed to have complied with the education requirements of this section.

(4) All applications (see 4 CSR 150-3.020) for examination must be filed in the office of the executive director sixty (60) days prior to the date of the examination; provided, however, the board may waive the time for the filing of applications as particular circumstances justify.]

(4) All applicants shall submit a copy of any and all legal name change documents incurred since birth.

(5) All applicants shall have licensure, registration or certification verification submitted from every state or country in which s/he has ever held privileges to practice as a physical therapist or physical therapist assistant. This verification must be submitted directly from the licensing agency and include the type of license, registration or certification, the issue and expiration date, and information concerning any disciplinary or investigative actions. If a licensing agency refuses or fails to provide a verification, the board may consider other evidence of licensure.

(6) All applicants shall submit an activities statement documenting all employment, professional and nonprofessional activities, from high school graduation to the date of licensure application, or for the last ten (10) years, whichever is the most recent.

[(5)] **(7)** If the applicant is from a country in which the predominate language is not English, the applicant must provide the board with the following:

(A) *[TOEFL (]* Test of English as a Foreign Language **(TOEFL**) Certificate in which the applicant has obtained **on the TOEFL paper-based** a minimum score of fifty-five (55) in each section and a total score of five hundred sixty (560); *[and]* **or TOEFL computer-based a total score of 220 or; TOEFL Internet based testing (TOEFL iBT) a minimum of the following in each section: Writing 24, Speaking 26, Reading Comprehension 18, Listening Comprehension 21;**

(B) *[TSE (]* Test of Spoken English **(TSE**) Certificate in which the applicant has obtained a minimum score of fifty (50)*[.]***; or**

(C) Effective with the administration of the Internet-based TOEFL examination, the applicant must provide the board with a TOEFL Certificate in which the applicant has obtained a minimum score in each section and a total score as required by the FSBPT.

[(6)] **(8)** An internationally trained physical therapist applying for licensure shall present proof that s/he is licensed as a physical therapist in the country in which s/he graduated.

AUTHORITY: sections 334.125, RSMo 2000 and 334.530 and 334.550, RSMo Supp. [2004] ***2005****. Original rule filed Dec. 19, 1975, effective Dec. 29, 1975. For intervening history, please consult the* ***Code of State Regulations****. Amended: Filed Jan. 3, 2006.*

PUBLIC COST: The proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: The proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri State Board of Healing Arts, Attn: Tina Steinman, Executive Director, 3605 Missouri Blvd., PO Box 4, Jefferson City, MO 65102 or healingarts@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 150—State Board of Registration for the Healing Arts
Chapter 3—Licensing of Physical Therapists and Physical Therapist Assistants

PROPOSED AMENDMENT

4 CSR 150-3.030 Examination. The board is proposing to delete the existing sections (1)–(3), add a new section (1), renumber the remaining sections accordingly, amend the newly renumbered section (2), add a new section (5) and delete the annotation that immediately follows this rule in the *Code of State Regulations*.

PURPOSE: This amendment changes the existing rule regarding examination requirements for physical therapists to be consistent with national standards.

(1) *[The executive director, as soon as practicable, will notify applicants of the date, time and place examinations are to be held.]* **The applicant shall:**

(A) Meet all requirements as set forth in 4 CSR 150-3.010;

(B) Make application with the board and register with the Federation of State Boards of Physical Therapy (FSBPT) to sit for the licensing examination.

[(2) Any applicant detected in seeking or giving help during the hours of the examination will be dismissed and his/her papers cancelled.

(3) The board shall conduct examinations of applicants for a license to practice as professional physical therapist three times each year. The first examination shall be in March on a date the board shall determine. The second examination shall be in July on a date the board shall determine. The third examination shall be in November on a date the board shall determine.]

[(4)] **(2)** To receive a passing score on the examination, the applicant must achieve the criterion-referenced passing point recommended by the *[Federation of State Boards of Physical Therapy]* **FSBPT**. This passing point will be set equal to a scaled score of **six hundred (**600**)** based on a scale of **two hundred (**200**)** to **eight hundred (**800**)**. Scores from a portion of an examination taken at one (1) test administration may not be averaged with scores from any other portion of the examination taken at another test administration to achieve a passing score.

[(5) An applicant may retake the examination for a license to practice as a professional physical therapist within a twelve (12)-month period after the first examination upon payment of an appropriate fee established by the board.]

[(6)] **(3)** The board shall not issue a permanent license as a physical therapist or allow the Missouri state board examination to be administered to any applicant who has failed to achieve a passing score cumulatively three (3) times or more on licensing examinations administered in one (1) or more states or territories of the United States or the District of Columbia.

(4) The board may waive the provisions of section (3) if the applicant has met one (1) of the following provisions:

(A) The applicant is licensed and has maintained an active clinical practice for the previous three (3) years in another state of the United States, the District of Columbia or Canada and the applicant has achieved a passing score on a licensing examination administered in a state or territory of the United States, the District of Columbia or Canada and no license issued to the applicant has been disciplined or limited in any state or territory of the United States, the District of Columbia or Canada; or

(B) The applicant has failed the licensure examination three (3) times or more and then obtains a professional degree in physical therapy at a level higher than previously completed, the applicant can sit for the licensure examination three (3) additional times.

*AUTHORITY: sections 334.125, RSMo [Supp. 1993] **2000 and 334.530 and 334.550, RSMo Supp. 2005**. Original rule filed Dec. 19, 1975, effective Dec. 29, 1975. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Jan. 3, 2006.*

PUBLIC COST: The proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: The proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri State Board of Healing Arts, Attn: Tina Steinman, Executive Director, 3605 Missouri Blvd., PO Box 4, Jefferson City, MO 65102 or healingarts@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 150—State Board of Registration for the Healing Arts
Chapter 3—Licensing of Physical Therapists and Physical Therapist Assistants

PROPOSED AMENDMENT

4 CSR 150-3.050 Temporary Licenses. The board is proposing to amend sections (1)–(3), delete sections (4) and (5), renumber the remaining sections appropriately, and amend the newly renumbered subsection (4)(C) and section (5).

PURPOSE: This amendment changes the existing rule to comply with S.B. 1122 merged with S.B. 1181 (2004).

(1) A temporary license may be issued to a first-time applicant for licensure by examination who meets the qualifications of section 334.530.1, RSMo, has complied with 4 CSR 150-3.010 and 4 CSR 150-3.020, and submits an agreement to supervise form signed by the applicant's supervising physical therapist. A temporary license will not be issued to an applicant who has failed the Missouri licensure examination or a licensure examination in any *[state or territory in the United States or the District of Columbia]* **jurisdiction**.

(2) If the *[applicant]* **temporary licensee** passes the *[next scheduled]* examination **within ninety (90) days of issuance of the temporary license**, the **temporary** license shall remain valid until a permanent license is issued or denied.

(3) If the *[applicant]* **temporary licensee** fails the examination or does not sit for the *[next scheduled]* examination **within ninety (90) days of issuance of the temporary license**, the **temporary** license shall automatically become invalid.

[(4) A temporary licensee who fails to sit for the next scheduled examination may have his/her temporary license renewed one (1) time; provided the applicant shows good and exceptional cause as provided in this rule.

(5) For the purpose of this rule, good and exceptional cause must be verified by oath and shall include:
(A) Death in the immediate family;
(B) Illness documented by physician's statement;
(C) Accident;
(D) Jury duty; and
(E) Other exceptional causes as determined by the board.]

[(6)] **(4)** The *[holder of a]* temporary licensee may practice only under the supervision of a licensed physical therapist. Supervision shall include:

(A) Continual verbal and written contact;

(B) On-site contact every two (2) weeks; and

(C) If the *[supervision]* **supervising** physical therapist determines that the temporary licensee needs additional supervision, that additional supervision shall occur on a weekly basis.

[(7)] **(5)** Supervision shall be documented on forms provided by the board. The *[supervision]* **supervising** physical therapist is required to report any inappropriate conduct or patient care **to the board**. *[The temporary licensee shall submit supervision forms to the commission on the first day of each month.]*

*AUTHORITY: sections 334.125, RSMo [Supp. 1993] **2000 and** 334.530**,** [and] 334.540 [RSMo Supp. 1988] **and** 334.550, RSMo [1986] **Supp. 2005**. Original rule filed Dec. 19, 1975, effective Dec. 29, 1975. Amended: Filed July 17, 1992, effective April 8, 1993. Amended: Filed Aug. 15, 1994, effective Feb. 26, 1995. Amended: Filed Jan. 3, 2006.*

PUBLIC COST: The proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: The proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri State Board of Healing Arts, Attn: Tina Steinman, Executive Director, 3605 Missouri Blvd., PO Box 4, Jefferson City, MO 65102 or healingarts@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 150—State Board of Registration for the Healing Arts
Chapter 3—Licensing of Physical Therapists and Physical Therapist Assistants

PROPOSED AMENDMENT

4 CSR 150-3.110 Physical Therapist Assistant Requirements for Licensing by Examination. The board is proposing to delete the existing section (2), add a new section (2), amend section (8), delete

the existing sections (9)–(11), amend the newly renumbered (9), and add new sections (10)–(11).

PURPOSE: This amendment changes the existing rule regarding examination requirements for physical therapists to be consistent with national standards.

[(2) All applicants must submit an examination application form and all required supporting documentation to the board sixty (60) days prior to the examination date.]

(2) The applicant must make application to the board and register with the Federation of State Boards of Physical Therapy (FSBPT) to sit for the licensing examination.

(8) All applicants must submit an activities statement documenting all employment, professional and nonprofessional activities, from high school graduation to the date of licensure application**, or for the last ten (10) years, whichever is the most recent.**

[(9) All applicants will be notified of the date, time and place the examination(s) are scheduled to be held at least three (3) weeks prior to the examination.

(10) Any applicant detected in seeking or giving help during the hours of the examination will be dismissed and his/her papers canceled.

(11) The board shall conduct examinations of applicants for a license to practice as a physical therapist assistant at least once per year.]

[(12)] **(9)** To receive a passing score on the examination, the applicant must achieve the criterion referenced passing point recommended by the *[Federation of State Boards of Physical Therapy]* **FSBPT**. This passing point will be set equal to a scaled score of **six hundred (**600**)** based on a scale of **two hundred (**200**)** to **eight hundred (**800**)**. Scores from a portion of an examination taken at one *[(1)]* administration may not be averaged with scores from any other portion of the examination taken at another test administration to achieve a passing score.

(10) The board shall not issue a license to practice as a physical therapist assistant or allow any person to sit for the Missouri state board examination for physical therapist assistants who has failed three (3) or more times any physical therapist licensing examination administered in one (1) or more states or territories of the United States or the District of Columbia.

(11) The board may waive the provisions of section (10) if the applicant has met the following provisions: the applicant is licensed and has maintained an active clinical practice for the previous three (3) years in another state of the United States, the District of Columbia or Canada and the applicant has achieved a passing score on a licensing examination administered in a state or territory of the United States, the District of Columbia or Canada and no license issued to the applicant has been disciplined or limited in any state or territory of the United States, the District of Columbia or Canada.

*AUTHORITY: sections 334.125, 334.650, and 334.670, RSMo [Supp. 1997] **2000** and 334.655, **RSMo Supp. 2005**. Original rule filed Sept. 4, 1997, effective March 30, 1998. Amended: Filed Jan. 3, 2006.*

PUBLIC COST: The proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: The proposed amendment will cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri State Board of Healing Arts, Attn: Tina Steinman, Executive Director, 3605 Missouri Blvd., PO Box 4, Jefferson City, MO 65102 or healingarts@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 150—State Board of Registration for the Healing Arts
Chapter 3—Licensing of Physical Therapists and Physical Therapist Assistants

PROPOSED AMENDMENT

4 CSR 150-3.150 Physical Therapist Assistant Temporary Licensure. The board is proposing to amend sections (2)–(4) and (8), delete sections (5) and (6) and renumber the remaining sections accordingly.

PURPOSE: This amendment changes the existing rule to comply with S.B. 1122 merged with S.B. 1181 (2004).

(2) A temporary license will not be issued to an applicant who has failed the Missouri licensure examination or a licensure examination in any *[state or territory of the United States or District of Columbia]* **jurisdiction**.

(3) If the temporary licensee passes the *[next scheduled]* examination **within ninety (90) days of issuance of the temporary license**, the temporary license shall remain valid until a permanent license is issued or denied.

(4) If the temporary licensee fails the examination **or does not sit for the examination within ninety (90) days of issuance of the temporary license**, the **temporary** license shall automatically become invalid *[upon receipt of certified mail acknowledging failure, or within seven (7) days after the results are available]*.

[(5) If the temporary licensee does not sit the next scheduled examination, the temporary license shall automatically become invalid on the examination date.]

[(6) A temporary licensee who fails to sit for the next scheduled examination may request temporary license renewal one (1) time; provided the applicant shows good and exceptional cause as provided in this rule. For the purpose of this rule, good and exceptional cause must be verified by oath and shall include:

(A) Death in the immediate family;
(B) Illness documented by physician's statement;
(C) Accident;
(D) Jury duty; and
(E) Other exceptional causes as determined by the board.]

[(7)] **(6)** A Missouri permanently licensed physical therapist shall direct and supervise the temporarily licensed physical therapist assistant at all times, pursuant to section 334.650, RSMo and 4 CSR 150-3.090.

[(8)] **(7)** Supervision shall be documented on forms provided by the board. The supervising physical therapist is required to report any

inappropriate conduct or patient care **to the board**. *[Supervision forms must be submitted to the board on the first day of each month for the duration of the temporary license.]*

AUTHORITY: sections 334.125, 334.650 ***and*** *334.670,* ***RSMo 2000 and*** *334.665****,*** *RSMo Supp.* ***[1997] 2005****. Original rule filed Sept. 4, 1997, effective March 30, 1998. Amended: Filed Jan. 3, 2006.*

PUBLIC COST: The proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: The proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri State Board of Healing Arts, Attn: Tina Steinman, Executive Director, 3605 Missouri Blvd., PO Box 4, Jefferson City, MO 65102 or healingarts@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 210—State Board of Optometry
Chapter 2—General Rules

PROPOSED AMENDMENT

4 CSR 210-2.030 License Renewal. The board is proposing to amend subsection (10)(C), add new language to subsections (10)(E) and (F) and renumber the remaining sections accordingly.

PURPOSE: The rule is being amended to add new provisions to the guidelines for the continuing education requirements.

(10) The following guidelines govern the attendance of educational optometric programs for license renewal:

(C) Educational programs that currently are approved, except as noted in subsection (10)(B), as meeting the minimum standards, include the following:

1. Educational meetings of the American Optometric Association (AOA);

2. Educational meetings of the National Optometric Association (NOA);

*[2.]***3.** Educational meetings of the Missouri Optometric Association or any other state optometric association affiliated with the American Optometric Association;

*[3.]***4.** Scientific sections and continuing education courses of the American Academy of Optometry;

*[4.]***5.** Postgraduate courses offered at any accredited college of optometry;

*[5.]***6.** Educational meetings of the Southern Council of Optometrists;

*[6.]***7.** Educational meetings approved by the Council on Optometric Practitioner Education (COPE);

*[7.]***8.** Educational meetings of the North Central States Optometric *[Congress]* **Council**;

*[8.]***9.** Educational meetings of the Heart of America Optometric Congress and the Heart of America Contact Lens Society;

*[9.]***10.** Educational meetings of the College of Optometrists in Vision Development;

*[10.]***11.** Educational meetings of the Optometric Extension Program; and

*[11.]***12.** Optometric related meetings of any accredited school of medicine.

(D) With the exception of any of the previously mentioned educational organizations, any other regularly organized group of optometrists that wishes to sponsor an educational program to meet the standard for license renewal in Missouri shall submit two (2) copies of the program schedule and outline to the board's executive director not fewer than sixty (60) days prior to the date of the program and shall pay the continuing education sponsor fee. The outline must indicate the program's subject matter, the number of hours required for its presentation and the identity and qualifications of the speakers and instructors. The board shall review the schedule and outline. If the program meets the standards set out in subsections (10)(A)–(B), the board may grant approval. The board will not consider requests for approval of any program submitted following the meeting; *[and]*

(E) Licensees who present Council on Optometric Practitioner Education (COPE) approved continuing education will be allowed one (1) hour of continuing education credit for each hour of the continuing education presented. Each COPE numbered course may be used one time for continuing education credit during the reporting period;

(F) Licensees who are enrolled in a postgraduate residency program accredited by the Council on Optometric Education will receive eight (8) hours of continuing education credit to satisfy one (1) year of the two (2)-year reporting period; and

*[(E)]***(G)** The board will consider requests for exemption from the educational requirements only if the request for exemption is filed with the board's executive director and actually approved by the board before the end of the reporting period. The request for exemption must be by sworn affidavit and must clearly set out the reasons asserted for noncompliance, including at least a listing of all other years for which the board has exempted the licensee and a listing of the dates upon which the licensee's reasons for exemption required his/her absence from active practice. In its discretion, the board may refuse to exempt a licensee from the required attendance, notwithstanding the existence of a valid reason, if the board determines that the licensee has or had other reasonable opportunities to meet the requirements of this rule.

AUTHORITY: sections 336.080 and 336.160.1, RSMo 2000. Original rule filed Dec. 19, 1975, effective Dec. 29, 1975. For intervening history, please consult the ***Code of State Regulations****. Amended: Filed Jan. 3, 2006.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Optometry, Sharlene Rimiller, Executive Director, PO Box 1335, Jefferson City, MO 65102, by facsimile to (573) 751-8216 or via e-mail at optometry@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 210—State Board of Optometry
Chapter 2—General Rules

PROPOSED AMENDMENT

4 CSR 210-2.070 Fees. The board is proposing to amend subsection (1)(A), delete subsection (1)(C), reletter the remaining subsections

accordingly and amend the newly relettered subsection (1)(C). The board is also proposing to amend the footnote in section (1).

PURPOSE: The State Board of Optometry is statutorily obligated to enforce and administer the provisions of section 336.140, RSMo. Pursuant to section 336.140, RSMo, the board shall set by rule the appropriate amount of fees so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the committee for administering the provisions of sections 336.010–336.225, RSMo. Therefore, the board is reducing the fees associated with license renewal. In addition, the board is combining the application and license fee to allow applicants to receive a license as soon as the application is complete.

(1) The following fees are established by the State Board of Optometry:

(A) Application Fee	*[$125]* **$225***
(B) Missouri Law Exam Fee	$ 50**
[(C) License Fee	*$100]*
[(D)] **(C)** Biennial Renewal Fee	*[$220]* **$150**
[(E)] **(D)** Late Fee	$100
[(F)] **(E)** Reactivation Fee	$350
[(G)] **(F)** Duplicate Certificate Fee	$ 20
[(H)] **(G)** Certification of Corporation Fee	$ 20
[(I)] **(H)** Reciprocity Certification Fee	$ 20
[(J)] **(I)** Computer Print-Out of Licensees Fee	$ 20
[(K)] **(J)** Pharmaceutical Certification Fee (for certification to use DPA and therapeutic pharmaceutical agents)	$ 75
[(L)] **(K)** Uncollectible Fee (uncollectible check or other uncollectible financial instrument)	$ 25
[(M)] **(L)** Law Book Requests Fee	$ 5***
[(N)] **(M)** Biennial Continuing Education Sponsor Fee	$ 25
[(O)] **(N)** Continuing Education Penalty Fee (reporting continuing education hours obtained after the end of the reporting period)	$ 50

*This fee also includes the **license fee and the** pharmaceutical certification fee.

*AUTHORITY: sections **336.140 and** 336.160, RSMo 2000. Emergency rule filed June 30, 1981, effective July 9, 1981, expired Nov. 11, 1981. Original rule filed June 30, 1981, effective Oct. 12, 1981. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Jan. 3, 2006.*

PUBLIC COST: This proposed amendment will reduce the Optometry Fund by approximately eighty-four thousand dollars ($84,000) biennially for the life of the rule. It is anticipated that the total reduction will recur biennially for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE COST: This proposed amendment will save private entities an estimated eighty-four thousand dollars ($84,000) biennially for the life of the rule. It is anticipated that the total savings will recur biennially for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Optometry, Sharlene Rimiller, Executive Director, PO Box 1335, Jefferson City, MO 65102, by facsimile to (573) 751-8216 or via e-mail at optometry@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

PUBLIC ENTITY FISCAL NOTE

I. RULE NUMBER

Title 4 -Department of Economic Development

Division 210 - State Board of Optometry

Chapter 2 - General Rules

Proposed Rule - 4 CSR 210-2.070 Fees

Prepared December 29, 2005 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Loss of Revenue
State Board of Optometry	$84,000

Total Loss of Revenue Biennially for the Life of the Rule **$84,000**

III. WORKSHEET

Based on FY05 actuals, the board estimates approximately 1200 active optometrists will save $70 when renewing their license each renewal period. Thereby, reducing the board's fund by $84,000.

IV. ASSUMPTION

1. The State Board of Optometry is statutorily obligated to enforce and administer the provisions of sections 336.140, RSMo. Pursuant to section 336.140, RSMo, the board shall set by rule the appropriate amount of fees so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the committee for administering the provisions of Chapter 336.010-336.225, RSMo. Therefore, the board is reducing the fees associated with license renewal.

PRIVATE ENTITY FISCAL NOTE

I. RULE NUMBER

Title 4 -Department of Economic Development

Division 210 - State Board of Optometry

Chapter 2 - General Rules

Proposed Rule - 4 CSR 210-2.070 Fees

Prepared December 29, 2005 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT

Estimate the number of entities by class which would likely be affected by the adoption of the proposed amendment:	Classification by type of the business entities which would likely be affected:	Estimated biennial cost savings with compliance of the amendment by affected entities:
1,200	Licensees (Renewal Fee - $70 Decrease)	$84,000
	Estimated Biennial Cost Savings of Compliance for the Life of the Rule	**$84,000**

III. WORKSHEET

See table above.

IV. ASSUMPTION

1. The figures listed above are based on FY05 actuals.
2. It is anticipated that the total savings will recur biennially for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 23—Motor Vehicle

PROPOSED AMENDMENT

12 CSR 10-23.420 Secure Power of Attorney Requirements. The director proposes to amend sections (1), (2) and (4).

PURPOSE: Section 407.536(8), RSMo and the Motor Vehicle Information and Cost Savings Act allow for the usage of a secure power of attorney form in certain situations to facilitate the sale of a motor vehicle. The department has developed a new form for this purpose. This amendment provides for the new secure power of attorney form and establishes the time frame for submitting the secure power of attorney forms and title copies to the department when sales reports are filed electronically.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) Section 407.536(8), RSMo and the Motor Vehicle Information and Cost Savings Act allow the transferor of a motor vehicle to execute a secure power of attorney **(POA)** when the certificate of ownership is held by a lienholder or for the purpose of assigning a duplicate title in order to comply with federal and state odometer disclosure requirements. **The Secure Power of Attorney form, which has been incorporated by reference, published by the Missouri Department of Revenue, PO Box 100, Jefferson City, MO 65105-0100, contains a revision date of November 2005. The Secure Power of Attorney form does not include any amendments or additions to the November 2005 document.**

[(2) For any motor vehicles purchased by a dealer on or after November 28, 1990, where the dealer elects not to apply for title in the dealership's name, the purchasing dealer listed on a secure power of attorney form (DOR-3020S) shall attach—

(A) The top sheet (dark brown) of the secure power of attorney form, which has been completed in full and signed by all sellers and an authorized agent of the purchasing dealer, to the assigned certificate of ownership and give both to the purchaser; and

(B) The second (blue) sheet of the secure power of attorney form to a photocopy of the front and back of the assigned title showing the restatement of the mileage and the assignment properly completed as authorized by the secure power of attorney form and submit both with the dealer's monthly sales report.]

(2) If the dealer sells the vehicle before the title is received as provided in section 301.894, RSMo, the dealer and purchaser may complete the secure POA to authorize the dealer to sign on behalf of the purchaser and make the odometer disclosure on the second title assignment so the purchaser is not required to return to the dealership once the title issues to acknowledge the disclosure. In this case, upon receipt of the title, the dealer must:

(A) Inspect the title to ensure the mileage on the title is consistent with what was recorded on the POA;

(B) Complete the first and second title assignments; and

(C) Complete the secure POA certifying that the mileage the dealer disclosed on the title document is consistent with the mileage provided to the dealer in the POA.

(4) Secure power of attorney forms and copies of corresponding titles received by a dealer in a particular month shall be submitted with the sales report completed for the month. **If the dealer sales report is filed electronically, the POA forms and the title copies must be filed with the Department of Revenue by the fifteenth day of the month following the month in which the sale occurred.** The dealer shall ensure that the original and all other copies of the secure power of attorney form and certificate of title are completed in full and are legible. The dealer shall retain a photocopy of the secure power of attorney form and the front and back of the corresponding certificate of ownership as a part of the dealership's records for a period of five (5) years.

*AUTHORITY: sections **301.280, RSMo Supp. 2005 and** 407.536.8, RSMo 2000. Emergency rule filed March 11, 1991, effective March 21, 1991, expired July 17, 1991. Emergency rule filed July 9, 1991, effective July 19, 1991, expired Nov. 15, 1991. Original rule filed March 11, 1991, effective Aug. 30, 1991. Amended: Filed July 2, 1992, effective Feb. 26, 1993. Amended: Filed June 24, 2003, effective Dec. 30, 2003. Amended: Filed Dec. 19, 2005.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Revenue, Legal Services Division, Governmental Affairs Bureau, PO Box 475, Jefferson City, MO 65105-0475. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 23—Motor Vehicle

PROPOSED RULE

12 CSR 10-23.470 Notice of Sale

PURPOSE: Section 301.196, RSMo, requires the seller of a motor vehicle, trailer, or all-terrain vehicle to report the sale to the Department of Revenue. Section 301.280, RSMo, requires dealers who do not file their monthly sales reports electronically to submit a notice of sale as required by section 301.196, RSMo, with their monthly sales report. This rule establishes the forms for reporting the sale to the department.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) When selling a motor vehicle, trailer, or all-terrain vehicle to a Missouri resident, the seller must report the sale to the Department of Revenue.

(A) Sellers, other than Missouri licensed dealers, must complete one (1) of the following forms and submit it to the Department of Revenue within thirty (30) days of the sale.

1. Notice of Sale, (Form DOR 5049), required when title does not include the perforated notice of sale;

2. The Notice of Sale (Form DOR 5049A) portion of the Missouri Certificate of Title; or

3. Bill of Sale (Form DOR 1957), used when applying for a tax credit under section 144.025, RSMo. Notice of Sale, (Form DOR 5049), revised October 2005, Notice of Sale (Form DOR 5049A) portion of the Missouri Certificate of Title, revised July 2005, and the Bill of Sale (Form DOR 1957), revised August 2005, are incorporated by reference, are published by and can be obtained from the Missouri Department of Revenue, PO Box 100, Jefferson City, MO 65105-0100. These forms do not include any amendments or additions since the revision dates noted.

(B) Missouri licensed dealers who do not file their sales reports electronically must complete a Notice of Sale using Form DOR 5049 and DOR 5049A for each retail sale made to a Missouri resident and submit the forms with the corresponding dealer's monthly sales reports.

AUTHORITY: sections 301.196, 301.197, 301.198 and 301.280, RSMo Supp. 2005. Original rule filed Dec. 19, 2005.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Department of Revenue, Legal Services Division, Governmental Affairs Bureau, PO Box 475, Jefferson City, MO 65105-0475. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 24—Drivers License Bureau Rules

PROPOSED RESCISSION

12 CSR 10-24.370 Criteria for an Approved School Bus Program to Waive the Written Examination. This rule established criteria for an approved eight-hour school bus training program required by section 302.272, RSMo to waive the written examination.

PURPOSE: This rule is being rescinded because statutory authority is given to the school districts to administer the school bus program.

AUTHORITY: section 302.272, RSMo Supp. 1997. Emergency rule filed March 15, 1991, effective March 25, 1991, expired July 23, 1991. Original rule filed March 15, 1991, effective Aug. 30, 1991. Amended: Filed Nov. 21, 1991, effective April 9, 1992. Amended: Filed Oct. 22, 1997, effective April 30, 1998. Rescinded: Filed Dec. 19, 2005.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to the proposed rescission with the Missouri Department of Revenue, Legal Services Division, Governmental Affairs Bureau, PO Box 475, Jefferson City, MO 65105-0475. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 24—Drivers License Bureau Rules

PROPOSED RESCISSION

12 CSR 10-24.400 Delegation of Authority to Administer Missouri School Bus Operator's Permit Examinations. This rule established the authority of the Missouri State Highway Patrol or commercial drivers license third-party tester to administer written and driving examinations to an applicant for a school bus permit.

PURPOSE: This rule is being rescinded because the delegation of testing has been included in the regulation, 12 CSR 10-24.300, as a commercial driver license endorsement.

AUTHORITY: section 302.272, RSMo Supp. 1989. Original rule filed July 15, 1991, effective Oct. 31, 1991. Emergency amendment filed March 18, 1992, effective April 1, 1992, expired July 29, 1992. Amended: Filed March 18, 1992, effective Sept. 6, 1992. Emergency amendment filed July 22, 1992, effective Aug. 1, 1992, expired Nov. 28, 1992. Rescinded: Filed Dec. 19, 2005.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to the proposed rescission with the Missouri Department of Revenue, Legal Services Division, Governmental Affairs Bureau, PO Box 475, Jefferson City, MO 65105-0475. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 12—DEPARTMENT OF REVENUE
Division 30—State Tax Commission
Chapter 3—Local Assessment of Property and Appeals From Local Boards of Equalization

PROPOSED AMENDMENT

12 CSR 30-3.060 Exchange of Exhibits, Prefiled Direct Testimony and Objections. The commission is amending this rule by adding section (2).

PURPOSE: This amendment sets forth the procedures to be used when preparing appraisal reports for personal property.

(2) In appeals pertaining to the assessment of personal property, the commission shall, unless judicial economy or fairness dictates otherwise, require the parties to adhere to the following procedure:

(A) Access to the Subject Personal Property. During the initial period of discovery set out in the scheduling order, the property owner must provide reasonable access to the property. The parties are urged to agree to a simultaneous inventory by appraisers

of both parties; however, if this proves to be impracticable, the appraiser for the taxing jurisdiction must be given a reasonable amount of time and adequate cooperation to thoroughly inspect and inventory the subject property;

(B) Additional Discovery Period. Scheduling orders shall include, in addition to the initial discovery period, a second period of discovery after the exchange of exhibits. The discovery period shall be short and limited in scope to the workfiles, as defined by the Uniform Standards of Professional Appraisal Practice (USPAP) and to the deposition(s) of appraiser(s). Each party's appraiser, upon request of the opposing party and at the cost of the appraiser's client, shall forward to the requesting party a copy of the workfile related to the exchanged appraisal. The workfile provided shall contain the specific data required in the USPAP standard and not contain extraneous materials which would hinder an efficient examination of the materials;

(C) Evidentiary Hearing. The scheduling order shall require all appraisers to have their workfile present and accessible at hearing; and

(D) Sanctions. Upon finding that either party has not complied with a provision of a scheduling order, the commission shall exact sanctions, which may include exclusion of the offending party's evidence or dismissal of the appeal.

*AUTHORITY: section 138.430, RSMo [1994] **2000**. Original rule filed Dec. 13, 1983, effective March 12, 1984. Amended: Filed Nov. 4, 1993, effective July 10, 1994. Rescinded and readopted: Filed Aug. 23, 1995, effective Jan. 30, 1996. Amended: Filed Dec. 29, 2005.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Administrative Secretary, State Tax Commission of Missouri, PO Box 146, Jefferson City, MO 65102-0146. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 12—DEPARTMENT OF REVENUE
Division 30—State Tax Commission
Chapter 3—Local Assessment of Property and Appeals From Local Boards of Equalization

PROPOSED AMENDMENT

12 CSR 30-3.065 Appraisal Evidence. The commission is amending section (2).

PURPOSE: This amendment changes the requirements for personal property appraisal reports.

(2) As used in this rule, an appraisal report for personal property should**, *[be paginated for easy reference and should contain the following elements:]* at a minimum, conform to Uniform Standards of Professional Appraisal Practice (USPAP) requirements for a summary appraisal.**

[(A) A narrative introduction which states the purpose of the appraisal;

(B) A description of the subject property including, but not limited to, common names and registration numbers where applicable, usage, legal interests, effective and actual age;

(C) A narrative explanation of the approach(es) to value used which is sufficiently specific for all other parties to reconstruct the approach(es) used and which includes the reasons for its (their) use;

(D) A narrative explanation of the correlation of all approaches used;

(E) A final opinion of value of the subject property; and

(F) The signature of the appraiser.]

*AUTHORITY: sections 138.430 and 138.431, RSMo [1994] **2000**. Original rule filed Aug. 23, 1995, effective Jan. 30, 1996. Amended: Filed March 30, 1999, effective Oct. 30, 1999. Amended: Filed Dec. 29, 2005.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Administrative Secretary, State Tax Commission of Missouri, PO Box 146, Jefferson City, MO 65102-0146. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 12—DEPARTMENT OF REVENUE
Division 30—State Tax Commission
Chapter 4—Agricultural Land Productive Values

PROPOSED AMENDMENT

12 CSR 30-4.010 Agricultural Land Productive Values

PURPOSE: Pursuant to section 137.021 requirements, the State Tax Commission proposes that there is no change in the existing agricultural land grades and values. The State Tax Commission proposes to implement the same use values which are in effect to date.

PURPOSE: This rule complies with the requirement of section 137.021, RSMo, to publish a range of productive values for agricultural and horticultural land for the ensuing tax year.

(1) Agricultural Land Grades and Values. The following are definitions of agricultural land grades and the productive values of each:

(A) Grade #1. This is prime agricultural land. Condition of soils is highly favorable with no limitations that restrict their use. Soils are deep, nearly level (zero to two percent (0–2%) slope) or gently sloping with low erosion hazard and not subject to damaging overflow. Soils that are consistently wet and poorly drained are not placed in Grade #1. They are easily worked and produce dependable crop yields with ordinary management practices to maintain productivity—both soil fertility and soil structure. They are adapted to a wide variety of crops and suited for intensive cropping. Use value: nine hundred eighty-five dollars ($985);

(B) Grade #2. These soils are less desirable in one (1) or more respects than Grade #1 and require careful soil management, including some conservation practices on upland to prevent deterioration. This grade has a wide range of soils and minimum slopes (mostly zero to five percent (0–5%)) that result in less choice of either crops or management practices. Primarily bottomland and best upland soils. Limitations—

1. Low to moderate susceptibility to erosion;
2. Rare damaging overflows (once in five to ten (5–10) years); and

3. Wetness correctable by drainage. Use value: eight hundred ten dollars ($810);

(C) Grade #3. Soils have more restrictions than Grade #2. They require good management for best results. Conservation practices are generally more difficult to apply and maintain. Primarily good upland and some bottomland with medium productivity. Limitations—

1. Gentle slope (two to seven percent (2–7%));

2. Moderate susceptibility to erosion;

3. Occasional damaging overflow (once in three to five (3–5) years) of Grades #1 and #2 bottomland; and

4. Some bottomland soils have slow permeability, poor drainage, or both. Use value: six hundred fifteen dollars ($615);

(D) Grade #4. Soils have moderate limitations to cropping that generally require good conservation practices. Crop rotation normally includes some small grain (for example, wheat or oats), hay, or both. Soils have moderately rolling slopes and show evidence of serious erosion. Limitations—

1. Moderate slope (four to ten percent (4–10%));

2. Grade #1 bottomland subject to frequent damaging flooding (more often than once in two (2) years), or Grades #2 and #3 bottomland subject to occasional damaging flooding (once every three to five (3–5) years);

3. Poor drainage in some cases; and

4. Shallow soils, possibly with claypan or hardpan. Use value: three hundred eighty-five dollars ($385);

(E) Grade #5. Soils are not suited to continuous cultivation. Crop rotations contain increasing proportions of small grain (for example, wheat or oats), hay, or both. Upland soils have moderate to steep slopes and require conservation practices. Limitations—

1. Moderate to steep slopes (eight to twenty percent (8–20%));

2. Grades #2 and #3 bottomland subject to frequent damaging flooding (more than once in two (2) years) and Grade #4 bottomland subject to occasional damaging flooding; and

3. Serious drainage problems for some soils. Use value: one hundred ninety-five dollars ($195);

(F) Grade #6. Soils are generally unsuited for cultivation and are limited largely to pasture and sparse woodland. Limitations—

1. Moderate to steep slopes (eight to twenty percent (8–20%));

2. Severe erosion hazards present;

3. Grades #3 and #4 bottomland subject to frequent damaging flooding (more than once in two (2) years), and Grade #5 bottomland subject to occasional damaging flooding (once every three to five (3–5) years); and

4. Intensive management required for crops. Use value: one hundred fifty dollars ($150);

(G) Grade #7. These soils are generally unsuited for cultivation and may have other severe limitations for grazing and forestry that cannot be corrected. Limitations—

1. Very steep slopes (over fifteen percent (15%));

2. Severe erosion potential;

3. Grades #5 and #6 bottomland subject to frequent damaging flooding (more than once in two (2) years);

4. Intensive management required to achieve grass or timber productions; and

5. Very shallow topsoil. Use value: seventy-five dollars ($75);

(H) Grade #8. Land capable of only limited production of plant growth. It may be extremely dry, rough, steep, stony, sandy, wet or severely eroded. Includes rivers, running branches, dry creek and swamp areas. The lands do provide areas of benefit for wildlife or recreational purposes. Use value: thirty dollars ($30); and

(I) Definitions. The following are definitions of flooding for purposes of this rule:

1. Damaging flooding. A damaging flood is one that limits or affects crop production in one (1) or more of the following ways:

A. Erosion of the soil;

B. Reduced yields due to plant damage caused by standing or flowing water;

C. Reduced crop selection due to extended delays in planting and harvesting; and

D. Soil damage caused by sand and rock being deposited on the land by flood waters;

2. Frequent damaging flooding. Flooding of bottomlands that is so frequent that normal row cropping is affected (reduces row crop selection); and

3. Occasional damaging flooding. Flooding of bottomland that is so infrequent that producing normal row crops is not compromised in most years.

(2) Forest Land and Horticultural Land. The following prescribes the treatment of forest land and horticultural land:

(A) Forest land, whose cover is predominantly trees and other woody vegetation, should not be assigned to a land classification grade based on its productivity for agricultural crops. Forest land of two (2) or more acres in area, which if cleared and used for agricultural crops, would fall into land grades #1–#5 should be placed in land grade #6; or if land would fall into land grades #6 or #7 should be placed in land grade #7. Forest land may or may not be in use for timber production, wildlife management, hunting, other outdoor recreation or similar uses; and

(B) Land utilized for the production of horticultural crops should be assigned to a land classification grade based on productivity of the land if used for agricultural crops. Horticultural crops include fruits, ornamental trees and shrubs, flowers, vegetables, nuts, Christmas trees and similar crops which are produced in orchards, nurseries, gardens or cleared fields.

AUTHORITY: section 137.021, RSMo 2000. Original rule filed Dec. 13, 1983, effective March 12, 1984. For intervening history, please consult the ***Code of State Regulations****. Amended: Filed Dec. 29, 2005.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: Because this proposed amendment does not change the use value per acre placed on agricultural land, the assessed value of agricultural property remains the same, therefore there will be no increased cost to private entities as a result of this proposed amendment.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Tax Commission of Missouri, Sandy Wankum, Administrative Secretary, PO Box 146, Jefferson City, MO 65102, (573) 751-2414. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 20—DEPARTMENT OF INSURANCE
Division 400—Life, Annuities and Health
Chapter 2—Accident and Health Insurance in General

PROPOSED RULE

20 CSR 400-2.170 Early Intervention Part C Coverage

PURPOSE: This rule implements the requirements of section 376.1218, RSMo, with respect to the Missouri early intervention system and clarifies insurance carriers' obligations under the new law.

(1) Definitions: The terms used in this rule or in section 376.1218, RSMo, shall have the following meanings:

(A) "Assistive technology device" means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain or improve the functional capabilities of children with disabilities.

(B) "Direct written premium" means:

1. The total amount of premium reported for health benefit plans, as defined in 376.1350, RSMo, on the Annual Statement Supplement for the State of Missouri for health carriers required to file this supplement; or

2. The total amount of premium reported for health benefit plans, as defined in 376.1350, RSMo, on the Exhibit of Premiums, Enrollment, and Utilization for the State of Missouri included in the health carrier's annual financial statement, for all other health carriers not covered in paragraph (1)(B)1.

(C) "Early intervention services" means medically necessary speech and language therapy, occupational therapy, physical therapy, and assistive technology devices for children from birth to age three who are identified by the Part C early intervention system as eligible for services under Part C of the Individuals with Disabilities Education Act, 20 U.S.C. Section 1431, et seq.

(D) "First Steps" refers to the Missouri early intervention system under the federal Infant and Toddler Program, Part C of the Individuals with Disabilities Act, 20 U.S.C. Section 1431, et seq.

(E) "Group of carriers affiliated by or under common ownership or control" means health carriers with a common four (4)-digit group code as assigned by the National Association of Insurance Commissioners.

(F) "Health benefit plan," "health care professional," and "health carrier" shall each have their respective meanings as such terms are defined in 376.1350, RSMo.

(G) "Individualized family service plan" means a written plan for providing early intervention services to an eligible child and the child's family, that is adopted in accordance with 20 U.S.C. Section 1436.

(H) "Participating provider" means a provider who, under a contract with the health carrier or with its contractor or subcontractor, has agreed to provide health care services to enrollees with an expectation of receiving payment, other than coinsurance, co-payments or deductibles, directly or indirectly from the health carrier.

(2) Health Carriers to Recognize First Steps as Provider.

(A) First Steps shall be considered the rendering provider for all claims covered under section 376.1218, RSMo, and this rule.

(B) First Steps shall be considered a participating and/or network provider by all health carriers. All health carriers shall use the Missouri standardized credentialing form or the Federal W-9 tax form to establish network provider status for First Steps. Health carriers shall take all necessary steps to assure that claims submitted by First Steps are not denied, delayed, or reduced for reasons related to network participation.

(3) Requirements for Acceptance and Payment of Claims.

(A) Health carriers shall have the option to pay claims for First Steps services in one (1) of three (3) ways:

1. A health carrier shall pay individual claims submitted for each service to First Steps as the rendering provider, and such coverage shall be limited to three thousand dollars ($3,000) for each covered child per policy per calendar year, with a lifetime policy maximum of nine thousand dollars ($9,000) per child. Such payments shall not exceed one-half of one percent (0.5%) of the direct written premium for health benefit plans; or

2. A health carrier and all of its affiliates together shall submit a lump sum payment to First Steps for one-half of one percent (0.5%) of the direct written premiums reported to the Department of Insurance on each health carrier's most recently filed annual financial statement, per calendar year, which shall satisfy each affiliated health carrier's payment obligation for First Steps services for such calendar year; or

3. A health carrier and all of its affiliates shall make a lump sum payment of five hundred thousand dollars ($500,000), per calendar year, to First Steps, which shall satisfy the health carrier and its affiliates' payment obligation for First Steps services for such calendar year.

4. As between paragraphs 2. and 3. of this subsection, the health carrier shall pay whichever amount is less.

(B) Payment of individually submitted claims under paragraph (3)(A)1. shall be subject to the requirements of sections 376.383 and 376.384, RSMo, as of January 1, 2007.

(C) For health carriers opting to make payments on individual claims under paragraph (3)(A)1.:

1. Such health carriers shall be responsible for keeping records to determine when the maximum three thousand dollars ($3,000) per child, per policy, per calendar year has been reached. If there is an irreconcilable discrepancy between a health carrier's records and Missouri Department of Elementary and Secondary Education (DESE) records, DESE's records shall prevail.

2. Such health carriers shall amend their applicable coverage documents to reflect First Steps benefits, and may do so by endorsement.

A. Such documents shall contain the same or substantially the same benefit description as stated in section 376.1218, RSMo, subsection 1.

3. Health carriers shall receive and issue payment for First Steps claims.

A. All claim payments shall be sent to DESE's designee.

B. Health carriers shall submit all First Steps remittance advices to DESE's designee in an electronic format consistent with federal administrative simplification standards, format and content adopted pursuant to the Health Insurance Portability and Accountability Act of 1996. Such remittance advices shall be submitted in a format agreed to by DESE.

C. Health carriers shall not deny, delay or reduce payment of First Steps claims based on their own determination of medical necessity or diagnosis, but shall in all cases defer to the services stated on the individual family service plan.

D. Health carriers shall not bundle claims for First Steps services.

E. For all adjustments on claim overpayments, such health carriers shall submit to DESE's designee in an electronic format consistent with federal administrative simplification standards, format and content adopted pursuant to the Health Insurance Portability and Accountability Act of 1996, remittance advices on a per claim adjustment reflecting the individual and cumulative claim adjustment. Such remittance advices shall be submitted in a format agreed to by DESE.

4. Coordination of benefits requirements.

A. Failure of a parent or guardian to elect to assign a right of recovery or indemnification to the First Steps program shall not reduce claim payments to First Steps from secondary plans as defined in 20 CSR 400-2.030.

B. Notification from DESE that a primary plan, as defined in 20 CSR 400-2.030, has submitted a lump sum payment under paragraphs (3)(A)2. or 3. shall be sufficient notice to a secondary plan that such primary plan has fulfilled its payment obligations for First Steps services for that year.

(D) Health carriers shall accept and reimburse First Steps claims up to one (1) year after the date of service. Health carriers that otherwise require participating providers to submit claims in a shorter period of time than one (1) year shall waive this requirement for First Steps claims.

1. Health carriers that allow more than one (1) year for claims submission shall allow the same amount of time for First Steps claims submissions.

(E) There will be a presumption that the charges for First Steps services provided under section 376.1218, RSMo, and this rule, are being billed at the applicable Medicaid rate for such services.

(F) Health carriers electing a lump sum payment under paragraph (3)(A)2. or 3. will be invoiced by DESE after January 1 of each year, with payments due no later than January 31 of that year. The lump sum payment shall be due no later than January 31 of each year regardless of the effective dates of the individual insurance plans.

(G) Health carriers that elect a lump sum payment under paragraph (3)(A)2. or 3. and then fail to make such payment no later than January 31 of that year, shall be considered in violation of insurance law and be subjected to penalty, as allowed under the insurance laws of the state of Missouri.

(H) Lump sum payments under paragraphs (3)(A)2. and 3. shall not be credited against any health benefit plan lifetime maximum aggregates.

(I) For health carriers electing the lump sum payment option under paragraph (3)(A)2., the amount of direct written premium used to determine such health carriers' payment obligations for First Steps services will be the amount on record with the Missouri Department of Insurance on the most recently filed annual financial statement and any filed amendments as of September 1 of each year.

(4) Prior Authorization.

(A) Health carriers shall not require prior authorization for First Steps treatments and shall not deny, delay or reduce claim payments for failure to obtain prior authorization.

(5) Transactions Affecting Affiliation of Health Carriers.

(A) In the event of a transaction affecting affiliation of health carriers, the NAIC group code as of December 31 of the preceding year that payment for First Steps claims is due will determine affiliation of health carriers, and also, the total amount due to DESE if the applicable health carriers elect a lump sum payment option under paragraphs (3)(A)2. and 3.

AUTHORITY: sections 374.045, RSMo 2000 and 376.1218, RSMo Supp. 2005. Emergency rule filed Dec. 20, 2005, effective Jan. 1, 2006, expires June 29, 2006. Original rule filed Dec. 20, 2005.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing will be held on this proposed rule at 10:00 a.m. on March 7, 2006. The public hearing will be held at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a written statement in support of or in opposition to the proposed rule, until 5:00 p.m. on March 7, 2006. Written statements shall be sent to Kevin Hall, Department of Insurance, PO Box 690, Jefferson City, MO 65102.

SPECIAL NEEDS: If you have any special needs addressed by the Americans With Disabilities Act, please notify us at (573) 751-6798 or (573) 751-2619 at least five (5) working days prior to the hearing.

Title 20—DEPARTMENT OF INSURANCE
Division 700—Licensing
Chapter 6—Bail Bond Agents and Surety Recovery Agents

PROPOSED AMENDMENT

20 CSR 700-6.100 *Applications,* Fees and Renewals—Bail Bond Agents, General Bail Bond Agents and Surety Recovery Agents. The department is amending the title, Purpose, adding new sections (1) and (4) and amending and renumbering the original sections (1) and (2).

PURPOSE: This amendment clarifies the application requirements for initial and renewal applicants for a bail bond agent, general bail bond agent or surety recovery agent license.

*PURPOSE: This rule [sets the license and renewal fees] **establishes initial and renewal application requirements** for bail bond **agents**, general bail bond agents and surety recovery agents under sections 374.700–374.789, RSMo Supp. [2004] **2005**.*

(1) Application Forms. The following forms have been adopted and approved for filing with the department:

(A) The Missouri Uniform Application For Bail Bond or Surety Recovery License form (Form B1), revised December 2005, or any form which substantially comports with the specified form, and;

(B) The Missouri Uniform Renewal Application For Bail Bond Or Surety Recovery License form (Form BR), revised December 2005, or any form which substantially comports with the specified form.

(2) Application and Fees.

(A) Initial License. The following shall be included in an initial application for license:

1. Form B1 and required attachments;

[(1)] **2.** *[Each application for license as a general bail bond agent, bail bond agent or surety recovery agent must be accompanied by]* **Payment of** a licensing fee of one hundred fifty dollars ($150) for the two (2)-year license*[. The fee for renewal of the license shall also be one hundred fifty dollars ($150) for a biennial license:]*; **and**

3. A fingerprint-based background check through the Missouri Highway Patrol.

(B) Renewal License. The following shall be included in renewal application for license:

1. Form BR and required attachments;

2. Payment of a licensing renewal fee of one hundred fifty dollars ($150) for the two (2)-year license.

3. If an approved fingerprint was not provided with the initial license application, a fingerprint-based background check through the Missouri Highway Patrol.

[(2)] **(3) Failure to Timely Apply for Renewal.** If a general bail bond agent, bail bond agent or surety recovery agent fails to file for renewal of his/her license on or before the expiration date, the Department of Insurance will issue a renewal of the license upon payment of a late renewal fee of twenty-five dollars ($25) per month or fraction of a month after the renewal deadline. In the alternative to payment of a late renewal fee, the former licensee may apply for a new license except that the former licensee must comply with all provisions of sections 374.710 and 374.784, RSMo regarding issuance of a new license.

(4) Availability of Forms. The department on request will supply in printed format the forms listed in this rule. Accurate reproduction of the forms may be utilized for filing in lieu of the printed forms. All application forms referenced herein are available at http://www.insurance.mo.gov.

*AUTHORITY: sections 374.045, RSMo 2000 and 374.705, 374.710, 374.730, 374.783, 374.784 and 374.786, RSMo Supp. [2004] **2005**. Original rule filed March 14, 1994, effective Sept. 30, 1994. Amended: Filed Sept. 14, 2004, effective March 30, 2005. Emergency amendment filed Jan. 3, 2006, effective Jan. 13, 2006, expires July 11, 2006. Amended: Filed Jan. 3, 2006.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will cost private entities forty-eight thousand five hundred fifty-five dollars and thirty-five cents ($48,555.35) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing will be held on this proposed amendment at 10:00 a.m. on March 6, 2006. The public hearing will be held at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a written statement in support of or in opposition to the proposed amendment, until 5:00 p.m. on March 6, 2006. Written statements shall be sent to Kevin Hall, Department of Insurance, PO Box 690, Jefferson City, MO 65102.

SPECIAL NEEDS: If you have any special needs addressed by the Americans With Disabilities Act, please notify us at (573) 751-6798 or (573) 751-2619 at least five (5) working days prior to the hearing.

FISCAL NOTE
PRIVATE COST

I. RULE NUMBER

Rule Number and Name:	20 CSR 700-6.100 Applications, Fees and Renewals- Bail Bond Agents, General Bail Bond Agents and Surety Recovery Agents
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
812	Bail Bond Agents ($50.95 for fingerprinting x 812 licenses)	$41,371.40
130	General Bail Bond Agents ($50.95 for fingerprinting x 130 licenses)	$6,623.50
11	Surety Recovery Agents ($50.95 for fingerprinting x 11 licenses)	$560.45
953	**Total Fiscal Impact to private entities at $50.95 per application.**	**$48,555.35**

III. WORKSHEET

See table above.

IV. ASSUMPTIONS

- Individuals applying for, or renewing licenses for bail bond, general bail bond or surety recovery will be required to submit fingerprints electronically using the Highway Patrol's contract for Missouri Applicant Processing Services (MOAPS). Cost for each application or renewal will be a one time cost of $50.95 for a state and FBI background search.

Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 2—State Membership

PROPOSED RESCISSION

22 CSR 10-2.010 Definitions. This rule established policies of the board regarding the key terms within the Missouri Consolidated Health Care Plan relative to state members.

PURPOSE: This rule is being rescinded and a new rule with the same subject matter is being proposed in its place.

AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Dec. 16, 1993, effective Jan. 1, 1994, expired April 30, 1994. Emergency rule filed April 4, 1994, effective April 14, 1994, expired Aug. 11, 1994. Original rule filed Dec. 16, 1993, effective July 10, 1994. For intervening history, please consult the ***Code of State Regulations****. Emergency rescission and rule filed Dec. 22, 2005, effective Jan. 1, 2006, expires June 29, 2006. Rescinded and readopted: Filed Dec. 22, 2005.*

PUBLIC COST: The fiscal impact of this proposed rescission is estimated to be less than five hundred dollars ($500) in the aggregate for state agencies or political subdivisions.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Missouri Consolidated Health Care Plan, Ron Meyer, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 2—State Membership

PROPOSED RULE

22 CSR 10-2.010 Definitions

PURPOSE: This rule establishes the policy of the board of trustees regarding the key terms within the Missouri Consolidated Health Care Plan relative to state members.

(1) Accident. An unforeseen and unavoidable event resulting in an injury which is not due to any fault or misconduct on the part of the person injured.

(2) Actively at work. You are considered actively at work when performing in the customary manner all of the regular duties of your occupation with the employer either at one (1) of the employer's regular places of business or at some location which the employer's business requires you to travel to perform your regular duties or other duties assigned by your employer. You are also considered to be actively at work on each day of a regular paid vacation or nonworking day on which you are not totally disabled, but only if you are performing in the customary manner all of the regular duties of your occupation with the employer on the immediately preceding regularly scheduled workday.

(3) Administrative appeal. Appeal procedures involving Missouri Consolidated Health Care Plan (MCHCP) administrative issues such as eligibility, effective date of coverage, etc.

(4) Administrative guidelines. The interpretation of the plan document as approved by the plan administrator, developed for administration of the plan. The administrative guidelines may be changed upon approval of the executive director or his/her designee. Benefits provided shall be those in effect at the time services are rendered.

(5) Adverse determination. When the claims administrator reviews an admission, availability of care, continued stay or other health care service and decides that it is not medically necessary, appropriate or effective. Therefore, payment for the requested service is denied, reduced or terminated.

(6) Allowable expense. Charges for services rendered or supplies furnished by a health plan that would qualify as covered expenses and for which the program pays in whole or in part, subject to any deductible, coinsurance, or table of allowance included in the program.

(7) Automatic reinstatement maximum. The maximum annual amount that can be reinstated to an individual's lifetime benefit.

(8) Benefit year. The twelve (12)-month period beginning January 1 and ending December 31. All annual deductibles and benefit maximums accumulate during the benefit year.

(9) Benefits. Amounts payable by the plan as determined by the schedule of benefits and their limitations and exclusions as interpreted by the plan administrator.

(10) Care Support Program. A voluntary program that helps manage a chronic condition with outpatient treatment.

(11) Claims administrator. An organization or group responsible for the processing of claims and associated services for the plan's self-insured benefit programs, including but not limited to the preferred provider organization (PPO) (also known as the co-pay plan) and health maintenance organization (HMO) type plans.

(12) Co-pay plan. A set of benefits similar to a health maintenance organization option.

(13) Cosmetic surgery. A procedure performed primarily for psychological purposes or to preserve or improve appearance rather than restore the anatomy and/or functions of the body which are lost or impaired due to illness or injury.

(14) Covered benefits. A schedule of covered services and charges, including chiropractic services, which are payable under the plan. The benefits covered under each type of plan are outlined in the applicable rule in this chapter.

(15) Custodial care. Services and supplies furnished primarily to assist an individual to meet the activities of daily living. Activities of daily living include such things as bathing, feeding, administration of oral medicines, or other services that can be provided by persons without the training of a health care provider or that do not entail or require the continuing attention of trained medical or paramedical personnel.

(16) Deductible. The amount of expense the member must pay before the plan begins to pay for covered services and supplies. This amount is not reimbursable by the plan.

(17) Dependent-only participation. Participation of certain survivors of employees. Dependent participation may be further defined to include the deceased employee's:

(A) Spouse only;

(B) Child(ren) only; or
(C) Spouse and child(ren).

(18) Dependents. The lawful spouse of the employee, the employee's unemancipated child(ren) and certain survivors of employees, as provided in the plan document and these rules, for whom application has been made and has been accepted for participation in the plan.

(19) Diagnostic charges. The Usual, Customary and Reasonable (UCR) charges or the network discounted rate (NDR) for x-ray or laboratory examinations made or ordered by a physician in order to detect a medical condition.

(20) Disposable supplies. Do not withstand prolonged use and are periodically replaced. Includes, but not limited to, colostomy and ureterostomy bags.

(21) Durable medical equipment (DME). Equipment able to withstand repeated use for the therapeutic treatment of an active illness or injury. Such equipment is not covered under the plan if it could be useful to a person in the absence of an illness or injury and could be purchased without a physician's prescription.

(22) Eligibility date. Refer to 22 CSR 10-2.020 for effective date provisions.
(A) Newly-hired employees and their eligible dependents, or employees rehired after their participation terminates and their eligible dependents, are eligible to participate in the plan on the first day of the month following the employee's date of employment or reemployment.
(B) Employees transferred from a state department with coverage under another medical care plan into a state department covered by this plan and their eligible dependents who were covered by the other medical care plan will be eligible for participation subject to any applicable pre-existing conditions as outlined in the plan document.
(C) Employees who terminate all employment with the state (not simply move from one agency to another) and are rehired as a new state employee before termination of participation, and their eligible dependents who were covered by the plan, will be eligible for participation immediately.
(D) Employees who terminate all employment with the state (not simply move from one agency to another) and are rehired as a new state employee in the subsequent month, and their eligible dependents who were covered by the plan, will be eligible for participation retroactive to the date following termination of participation.

(23) Emancipated child(ren). A child(ren) who is:
(A) Employed on a full-time basis;
(B) Eligible for group health benefits in his/her own behalf;
(C) Maintaining a residence separate from his/her parents or guardian, except for full-time students in an accredited school or institution of higher learning; or
(D) Married.

(24) Employee and dependent participation. Participation of an employee and the employee's eligible dependents. Any individual eligible for participation as an employee is not eligible as a dependent, except as noted in 22 CSR 10-2.020(1)(A)3. Dependent participation may be further defined to include the participating employee's:
(A) Spouse only;
(B) Child(ren) only; or
(C) Spouse and child(ren).

(25) Employee only participation. Participation of an employee without participation of the employee's dependents, whether or not the employee has dependents.

(26) Employees. Employees of the state and present and future retirees from state employment who meet the eligibility requirements as prescribed by state law.

(27) Employer. The state department that employs the eligible employee as defined above.

(28) Executive director. The administrator of the Missouri Consolidated Health Care Plan (MCHCP) who reports directly to the plan administrator.

(29) Experimental/Investigational/Unproven. A treatment, procedure, device or drug that meets any of the criteria listed below is considered experimental/investigational/unproven, and is not eligible for coverage under the plan. Reliable evidence includes anything determined to be such by the plan administrator, in the exercise of its discretion, and may include published reports and articles in the medical and scientific literature generally considered to be authoritative by the national medical professional community. Experimental/investigational/unproven is defined as a treatment, procedure, device or drug that the plan administrator determines, in the exercise of its discretion:
(A) Has not received the approval of the U.S. Food and Drug Administration for marketing the drug or device at the time it is furnished, if such approval is required by law;
(B) Is shown by reliable evidence to be the subject of ongoing Phase I, II, or III clinical trials or under study to determine its maximum tolerated dose, its toxicity, safety, efficiency, or its efficacy as compared with the standard means of treatment or diagnosis; or
(C) Is shown by reliable evidence that the consensus of opinion among experts regarding the treatment, procedure, device or drug is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficiency as compared with the standard means of treatment or diagnosis.

(30) Formulary drugs. A list of drugs preferred by the claims administrator of the pharmacy program and as allowed by the plan administrator.

(31) Grievance. A written complaint submitted by or on behalf of a member regarding either:
(A) Availability, delivery or quality of health care services, including a complaint regarding an adverse determination made pursuant to utilization review; or
(B) Claims payment, handling or reimbursement for health care services.

(32) Health maintenance organization (HMO). A plan that provides for a wide range of comprehensive health care services for a specified group at a fixed periodic prepayment.

(33) Home health agency. An agency certified by the Missouri Department of Health and Senior Services, or any other state's licensing or certifying body, to provide health care services to persons in their homes.

(34) Hospice. A facility or program designed to provide a caring environment for supplying the physical and emotional needs of the terminally ill.

(35) Hospital.
(A) An institution operated pursuant to law and primarily engaged in providing on an inpatient basis medical, diagnostic and surgical facilities, all of which must be provided on its premises, under the supervision of a staff of one (1) or more physicians and with twenty-four (24) hour-a-day nursing service by a registered nurse (RN) on duty or call.
(B) An institution not meeting all the requirements of (35)(A) of this rule, but which is accredited as a hospital by the Joint Commission on Accreditation of Health Care Organizations.
(C) An institution operated principally for treating sick and injured persons through spiritual means and recognized as a hospital under Part A, Hospital Insurance Benefits for the Aged of Medicare (Title I of Public Law 89-97).

(D) A psychiatric residential treatment center accredited by the Joint Commission on Accreditation of Health Care Organizations on either an inpatient or outpatient basis.

(E) A residential alcoholism, chemical dependency or drug addiction treatment facility accredited by the Joint Commission on Accreditation of Health Care Organizations or licensed or certified by the state of jurisdiction.

(F) In no event shall the term hospital include a skilled nursing facility or any institution or part thereof which is used primarily as a skilled nursing facility, nursing home, rest home or facility for the aged.

(36) Hospital copayment. Set dollar amount a subscriber must pay for each hospital admission.

(37) Hospital room charges. The hospital's most common charge for semi-private accommodations, unless a private room has been recommended by a physician and approved by the claims administrator or the plan administrator.

(38) Illness. Any bodily sickness, disease, or mental/nervous disorder. For purposes of this plan, pregnancy is considered as any other illness.

(39) Incident. A definite and separate occurrence of a condition.

(40) Injury. A condition that results independently of an illness and all other causes and is a result of an external force or accident.

(41) Inpatient. Confined to a registered bed. Patient in hospital, skilled nursing facility, hospice or free-standing chemical dependency treatment center.

(42) Legend. Any drug that requires a prescription from either a physician or a practitioner, under either federal or applicable state law, in order to be dispensed.

(43) Lifetime. The period of time you or your eligible dependents participate in the plan.

(44) Lifetime Maximum. The maximum amount payable by a medical plan during a covered member's life.

(45) Medical benefits coverage. Services that are received from providers recognized by the plan and are covered benefits under the plan.

(46) Medically necessary. Treatments, procedures, services or supplies that the plan administrator determines, in the exercise of its discretion:

(A) Are expected to be of clear clinical benefit to the patient; and

(B) Are appropriate for the care and treatment of the injury or illness in question; and

(C) Conform to standards of good medical practice as supported by applicable medical and scientific literature. A treatment, procedure, service or supply must meet all criteria listed above to be considered medically necessary and to be eligible for coverage under the plan. In addition, the fact that a health care provider has prescribed, ordered or recommended a treatment, procedure, service or supply does not, in itself, mean that it is medically necessary as defined above. Further, the treatment, procedure, service or supply must not be specifically excluded from coverage under this plan.

(47) Network provider. A physician, hospital, pharmacy, etc., that is contracted with the medical plan.

(48) Non-formulary. A drug not contained on the health plan's or the pharmacy program's formulary list or preferred drug list.

(49) Non-network provider or non-participating provider. Any physician, hospital, pharmacy, etc., that does not have a contract with the health plan or the pharmacy program.

(50) Nurse. A registered nurse (RN), licensed practical nurse (LPN) or licensed vocational nurse (LVN). Nurse shall also include an employee of an institution operated principally for treating sick and injured persons through spiritual means which meets the requirements of a hospital as defined in this rule.

(51) Open enrollment period. A period designated by the plan during which subscribers may enroll, switch, or change their level of coverage in any of the available health care options with the new coverage becoming effective as of the beginning of the new plan year.

(52) Out-of-area. Applies to claims of members living in specified zip code areas where the number of available providers does not meet established criteria.

(53) Out-of-network. Providers that do not participate in the member's health plan.

(54) Outpatient. Treatment either outside a hospital setting or at a hospital when room and board charges are not incurred.

(55) Partial hospitalization. A distinct and organized intensive ambulatory treatment service, less than twenty-four (24)-hour daily care specifically designed for the diagnosis and active treatment of a mental/nervous disorder when there is a reasonable expectation for improvement or to maintain the individual's functional level and to prevent relapse or hospitalization.

(A) Partial hospitalization programs must provide diagnostic services; services of social workers; psychiatric nurses and staff trained to work with psychiatric patients; individual, group and family therapies; activities and occupational therapies; patient education; and chemotherapy and biological treatment interventions for therapeutic purposes.

(B) The facility providing the partial hospitalization must prepare and maintain a written plan of treatment for each patient. The plan must be approved and periodically reviewed by a physician.

(56) Participant. Any employee or dependent accepted for membership in the plan.

(57) Pharmacy benefit manager (PBM). Acts as a link between the parties involved in the delivery of prescription drugs to health plan members. The PBM designs, implements, manages the overall drug benefit of the plan, and processes claims payments.

(58) Physically or mentally disabled. The inability of a person to be self-sufficient as the result of a condition diagnosed by a physician as a continuing condition.

(59) Physician/Doctor. A licensed practitioner of the healing arts, acting within the scope of his/her practice as licensed under section 334.021, RSMo.

(60) Plan. The program of health care benefits established by the trustees of the Missouri Consolidated Health Care Plan as authorized by state law.

(61) Plan administrator. The trustees of the Missouri Consolidated Health Care Plan. As such, the board is the sole fiduciary of the plan, has all discretionary authority to interpret its provisions and to control the operation and administration of the plan, and whose decisions are final and binding on all parties.

(62) Plan document. The statement of the terms and conditions of the plan as promulgated by the plan administrator in this chapter.

(63) Plan year. Same as benefit year.

(64) Point-of-service (POS). A plan which provides a wide range of comprehensive health care services, like an HMO, if in-network providers are utilized, and like a PPO plan, if non-network providers are utilized.

(65) Pre-admission testing. X-rays and laboratory tests conducted prior to a hospital admission which are necessary for the admission.

(66) Pre-authorization. A cost control procedure that requires the service or medication to be approved in advance by the doctor and/or the plan. Without prior authorization, the plan may not pay for the test, drug, or service.

(67) Pre-certification program. Also known as pre-admission certification, pre-admission review, and pre-certification. The process of obtaining certification or authorization from the plan for routine hospital admissions and surgical or diagnostic procedures (inpatient or outpatient).

(68) Pre-existing condition. A condition for which you have incurred medical expenses or received treatment within the three (3) months prior to your effective date of coverage.

(69) Preferred provider organization (PPO). An arrangement with providers where discounted rates are given to members of the plan who, in turn, are offered a financial incentive to use these providers.

(70) Prevailing fee. The fee charged by the majority of dentists.

(71) Primary care physician (PCP). A physician (usually an internist, family/general practitioner or pediatrician) who has contracted with and been approved by an HMO or POS. The PCP is accountable for all medical services of members including referrals. The PCP supervises other provided care such as services of specialists and hospitalization.

(72) Prior plan. The terms and conditions of a plan in effect for the period preceding coverage in the MCHCP.

(73) Proof of insurance. Evidence in written form from an insurance company that provides verification of coverage for a given period of time.

(74) Prostheses. An artificial extension that replaces a missing part of the body. Prostheses are typically used to replace parts lost by injury (traumatic) or missing from birth (congenital) or to supplement defective parts.

(75) Provider. Hospitals, physicians, chiropractors, medical agencies, or other specialists who provide medical care within the scope of his/her practice and are recognized under the provisions and administrative guidelines of the plan. Provider also includes a qualified practitioner of an organization which is generally recognized for health insurance reimbursement purposes and whose principles and practices of spiritual healing are well established and recognized.

(76) Reconstructive surgery. A procedure performed to restore the anatomy and/or functions of the body that are lost or impaired due to an injury or illness.

(77) Refractions. A record of the patient's preference for the focusing of the eyes that can then be used to purchase eyeglasses. It is the portion of the eye exam that determines what prescription lens provides the patient with the best possible vision.

(78) Rehabilitation facility. A legally operating institution or distinct part of an institution that has a transfer agreement with one or more hospitals and is primarily engaged in providing comprehensive multidisciplinary physical restorative services, post-acute hospital and rehabilitative inpatient care and is duly licensed by the appropriate government agency to provide such services.

(A) It does not include institutions that provide only minimal care, custodial care, ambulatory or part-time care services, or an institution that primarily provides treatment of mental/nervous disorders, substance abuse or tuberculosis, except if such facility is licensed, certified or approved as a rehabilitation facility for the treatment of mental/nervous conditions or substance abuse in the jurisdiction where it is located, or is accredited as such a facility by the Joint Commission for the Accreditation of Health Care Organizations (JCAHO) or the Commission for the Accreditation of Rehabilitation Facilities.

(79) Review agency. A company responsible for administration of clinical management programs.

(80) Second opinion program. A consultation and/or exam with a physician qualified to perform the procedure who is not affiliated with the attending physician/surgeon, for the purpose of evaluating the medical necessity and advisability of undergoing a surgical procedure or receiving a service.

(81) Skilled nursing facility (SNF). An institution which meets fully each of the following requirements:

(A) It is operated pursuant to law and is primarily engaged in providing, for compensation from its patients, the following services for persons convalescing from sickness or injury: room, board and twenty-four (24) hour-a-day nursing service by one (1) or more professional nurses and nursing personnel as are needed to provide adequate medical care;

(B) It provides the services under the supervision of a proprietor or employee who is a physician or registered nurse; and it maintains adequate medical records and has available the services of a physician under an established agreement, if not supervised by a physician or registered nurse; and

(C) A skilled nursing facility shall be deemed to include institutions meeting the criteria in section (81) of this rule which are established for the treatment of sick and injured persons through spiritual means and are operated under the authority of organizations which are recognized under Medicare (Title I of Public Law 89-97).

(82) Sound natural teeth. Teeth and/or tissue that is viable, functional, and free of disease. A sound natural tooth has no decay, fillings on no more than two (2) surfaces, no gum disease associated with bone loss, no history of root canal therapy, is not a dental implant, and functions normally in chewing and speech.

(83) Specialty drugs. High cost drugs that are primarily self-injectible but sometimes oral medications.

(84) State. Missouri.

(85) Subrogation. The substitution of one "party" for another. Subrogation entitles the insurer to the rights and remedies that would otherwise belong to the insured (the subscriber) for a loss covered by the insurance policy. Subrogation allows the plan to stand in the place of the participant and recover the money directly from the other insurer.

(86) Subscriber. The employee or member who elects coverage under the plan.

(87) Survivor. A member who meets the requirements of 22 CSR 10-2.020(5)(A).

(88) Unemancipated child(ren). A natural child(ren), a legally adopted child(ren) or a child(ren) placed for adoption, and a dependent disabled child(ren) over twenty-three (23) years of age (during initial eligibility period only and appropriate documentation may be required by the plan), and the following:

(A) Stepchild(ren);

(B) Foster child(ren) for whom the employee is responsible for health care;

(C) Grandchild(ren) for whom the employee has legal custody and is responsible for providing health care;

(D) Other child(ren) for whom the employee is legal custodian subject to specific approval by the plan administrator.

1. Except for a disabled child(ren) as described in section (58) of this rule, an unemancipated child(ren) is eligible from birth to the end of the month in which s/he is emancipated, as defined here, or attains age twenty-three (23) (see 22 CSR 10-2.020(3)(D)2. for continuing coverage on a handicapped child(ren) beyond age twenty-three (23)); and

(E) Stepchild(ren) who are not domiciled with the employee, provided the natural parent who is legally responsible for providing coverage is also covered as a dependent under the plan;

(89) Usual, Customary, and Reasonable charge.

(A) Usual. The fee a physician most frequently charges the majority of his/her patients for the same or similar services.

(B) Customary. The range of fees charged in a geographic area by physicians of comparable skills and qualifications for the same performance of similar service.

(C) Reasonable. The flexibility to take into account any unusual clinical circumstances involved in performing a particular service.

(D) A formula is used to determine the customary maximum. The customary maximum is the usual charge submitted by ninety percent (90%) of the doctors for ninety percent (90%) of the procedures reported.

(90) Utilization review. Evaluation of the necessity, appropriateness, and efficiency of the use of medical services, procedures, and facilities on a prospective, concurrent, or retrospective basis.

(91) Vested subscriber. A member who meets the requirements of 22 CSR 10-2.020(5)(B).

AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Dec. 16, 1993, effective Jan. 1, 1994, expired April 30, 1994. Emergency rule filed April 4, 1994, effective April 14, 1994, expired Aug. 11, 1994. Original rule filed Dec. 16, 1993, effective July 10, 1994. For intervening history, please consult the ***Code of State Regulations****. Emergency rescission and rule filed Dec. 22, 2005, effective Jan. 1, 2006, expires June 29, 2006. Rescinded and readopted: Filed Dec. 22, 2005.*

PUBLIC COST: The fiscal impact of this proposed rule is estimated to be less than five hundred dollars ($500) in the aggregate for state agencies or political subdivisions.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Consolidated Health Care Plan, Ron Meyer, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled..*

Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 2—State Membership

PROPOSED AMENDMENT

22 CSR 10-2.020 Subscriber Agreement and General Membership Provisions. The board is amending sections (2), (3) and (8).

PURPOSE: This amendment modifies the policy of the board of trustees in regard to the employee's subscriber agreement and membership period for participation in the Missouri Consolidated Health Care Plan.

(2) The effective date of participation shall be determined, subject to the effective date provision in subsection (2)(C), as follows:

(B) Dependent Coverage. Dependent participation cannot precede the subscriber's participation. Application for participants must be made in accordance with the following provisions. **Effective dates for all dependent coverage is wholly dependent upon paragraph (2)(B)1.**

1. Proof of eligibility documentation is required for all dependents. The plan reserves the right to request that such proof of eligibility be provided at any time upon request. If such proof is not received or is unacceptable as determined by the plan administrator, coverage for the applicable dependent will either be terminated or will never take effect.

A. For the addition of dependents: Required documentation should accompany the application for coverage. Failure to provide acceptable documentation with the application will result in the dependent not having coverage until such proof is received, subject to the deadline noted in part (2)(B)1.A.(I).

(I) If proof of eligibility is not received with the application, such proof will be requested by letter sent to the subscriber. Documentation shall be received no later than thirty (30) days from the date of the letter requesting such proof. Failure to provide the required documentation in a timely manner will result in the dependent being ineligible for coverage until the next open enrollment period unless a life event occurs.

2. Documentation is also required when a subscriber attempts to terminate a dependent's coverage in the case of divorce or death.

3. Acceptable forms of proof of eligibility are included in the following chart:

Circumstance	Documentation
Birth of dependent(s)	• Birth certificate; or • Hospital certificate
Addition of step -child(ren)	• Marriage license to biological parent of child(ren); *and* • Birth or Hospital certificate for child(ren) that names the subscriber's spou se as a parent
Addition of foster - child(ren)	• Placement papers in subscriber's care
Adoption of dependent(s)	• Adoption papers; or • Placement papers
Legal guardianship of dependent(s)	• Court-documented guardianship papers (Power of Attorney is not acceptable)
Newborn of covered dependent	• Birth certificate for subscriber's child(ren); *and* • Birth certificate for subscriber's grandchild(ren)
Marriage	• Marriage license; • Marriage certificate; or • Newspaper notice of the wedding
Divorce	• Final divorce decree; or • Notarized letter from spouse stating he/she is agreeable to termination of coverage pending divorce
Death	• Death Certificate

4. For family coverage, once a subscriber is participating with respect to dependents, newly acquired dependents are automatically covered on their effective dates as long as the plan administrator is notified within thirty-one (31) days of the person becoming a dependent. First eligible dependents must be added within thirty-one (31) days of such qualifying event. The employee is required to notify the

plan administrator on the appropriate form of the dependent's name, date of birth, eligibility date and Social Security number, if available. Claims will not be processed until the required information is provided.

*[1.]***5.** If an employee makes concurrent application for dependent participation on or before the date of eligibility or within thirty-one (31) days thereafter, participation for dependent will become effective on the date the employee's participation becomes effective;

*[2.]***6.** When an employee participating in the plan first becomes eligible with respect to a dependent child(ren), coverage may become effective on the eligibility date or the first day of the month coinciding with or following the date of eligibility if application is made within thirty-one (31) days of the date of eligibility and provided any required contribution for the period is made;

*[3.]***7.** Unless required under federal guidelines—

A. An emancipated dependent who regains his/her dependent status is immediately eligible for coverage if an application is submitted within thirty-one (31) days of regaining dependent status; and

B. An eligible dependent that is covered under a spouse's health plan who loses eligibility under the criteria stipulated for dependent status under the spouse's health plan is not eligible for coverage until the next open enrollment period. (Note: Subparagraphs (2)(B)*[3.]***7.**A. and B. do not include dependents of retirees or long-term disability members covered under the plan); and

*[4.]***8.** Survivors, retirees, vested subscribers and long-term disability subscribers may only add dependents to their coverage when the dependent is first eligible for coverage;

(C) Effective Date Proviso. **The effective date of coverage is the first of the month coinciding with or following your eligibility date and the date the form is received by the plan. The effective date of coverage cannot be prior to the date of receipt of the enrollment form by the plan. The effective date for dependent coverage is wholly dependent upon the appropriate proof of eligibility documentation being timely received by the plan (see (2)(B)1.).**

[1. In any instance when the employee is not actively working full-time on the date participation would otherwise have become effective, participation shall not become effective until the date the employee returns to full-time active work;]

(3) Termination of participation shall occur on the last day of the calendar month coinciding with or following the happening of any of the following events, whichever shall occur first:

(D) Termination of Eligibility for Participation.

1. With respect to employees, termination of participation shall occur upon termination of employment in a position covered by the MCHCP, except as specified in sections (4) and (5).

2. With respect to dependents, termination of participation shall occur upon ceasing to be a dependent as defined in this rule **or upon failure to provide the plan with acceptable proof of eligibility** with the following exception: unemancipated mentally retarded and/or physically handicapped children will continue to be eligible beyond age twenty-three (23) during the continuance of a permanent disability provided documentation satisfactory to the plan administrator is furnished by a physician prior to the dependent's twenty-third birthday, and as requested at the discretion of the plan administrator.

3. Termination of employee's participation shall terminate the participation of dependents, except as specified in section (5).

(8) Medicare. Participants eligible for Medicare who are not eligible for this plan as their primary plan, shall be eligible for benefits no less than those benefits for participants not eligible for Medicare. For such participants who elect to continue their coverage, benefits of this plan shall be coordinated with Medicare benefits on the then standard coordination of benefits basis to provide up to one hundred percent (100%) reimbursement for covered charges.

(A) If a participant eligible for Medicare who is not eligible for this plan as the primary plan is not covered by Medicare, an estimate of Medicare Part A and/or Part B benefits shall be made and used for coordination or reduction purposes in calculating benefits. Benefits will be calculated on a claim submitted basis so that if, for a given claim, Medicare reimbursement was for more than the benefits provided by this plan without Medicare, the balance will not be considered when calculating subsequent claims; *[and]*

(B) If a participant eligible for Medicare Part D enrolls in a Medicare Part D plan in addition to coverage under this plan, such participant's coverage may be terminated under this plan in order for the plan to avoid liability for filing a false claim under the subsidy reimbursement portion of Medicare Part D; and

[(B)] **(C)** If any retired participants or long-term disability recipients, their eligible dependents or surviving dependents eligible for coverage elect not to be continuously covered from the date first eligible, or do not apply for coverage within thirty-one (31) days of their eligibility date, they shall not thereafter be eligible for coverage.

AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Dec. 16, 1993, effective Jan. 1, 1994, expired April 30, 1994. Emergency rule filed April 4, 1994, effective April 14, 1994, expired Aug. 11, 1994. Original rule filed Dec. 16, 1993, effective July 10, 1994. For intervening history, please consult the ***Code of State Regulations****. Emergency amendment filed Dec. 22, 2005, effective Jan. 1, 2006, expires June 29, 2006. Amended: Filed Dec. 22, 2005.*

PUBLIC COST: The fiscal impact of this proposed amendment is estimated to be less than five hundred dollars ($500) in the aggregate for state agencies or political subdivisions.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Consolidated Health Care Plan, Ron Meyer, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 2—State Membership

PROPOSED RULE

22 CSR 10-2.050 PPO and Co-Pay Benefit Provisions and Covered Charges

PURPOSE: This rule establishes the benefit provisions and covered charges in the Missouri Consolidated Health Care Plan PPO and/or Co-Pay plan.

(1) Lifetime maximum, three (3) million dollars.

(2) Automatic annual reinstatement—maximum, five thousand dollars ($5,000).

(3) Deductible amount—per individual for the Preferred Provider Organization (PPO) plan each calendar year, five hundred dollars ($500), family limit each calendar year, one thousand dollars ($1,000).

(4) Coinsurance—non-network coinsurance amounts apply after deductible has been met. Coinsurance is no longer applicable for the remainder of the calendar year once out-of-pocket maximum is reached.

(A) The deductible is waived and claims are paid at eighty percent (80%) for the following services: home health care, infusion, durable medical equipment (DME), and audiologists.

(B) Claims may also be paid at eighty percent (80%) if you require covered services that are not available through a network provider in your area. The participant must contact the claims administrator in order to have a local provider approved. Such approval is not permanent.

(C) Non-network claims—seventy percent (70%) of the first four thousand dollars ($4,000) for an individual, or of the first eight thousand dollars ($8,000) for a family, of covered charges in the calendar year which are subject to coinsurance. One hundred percent (100%) of any excess covered charges in the calendar year. But see the provision applicable to second opinion, substance abuse and mental and nervous conditions, chiropractic care and PPOs.

(5) Co-payments—set charges for the following types of claims so long as network providers are utilized. Co-payments are no longer charged for the remainder of the calendar year once out-of-pocket maximum is reached with the exceptions noted under (5)(G).

(A) Office visit—twenty-five dollars ($25).

(B) Laboratory and X-ray services—no co-payment; covered at one hundred percent (100%).

(C) Inpatient hospitalizations—three hundred dollars ($300) per admission.

(D) Maternity—twenty-five dollars ($25) for initial visit.

(E) Preventive care—no co-payment; covered at one hundred percent (100%).

(F) Outpatient surgery—seventy-five dollars ($75).

(G) Services that do not apply to the out-of-pocket maximum and for which applicable costs will continue to be charged: office visits, emergency room visits, hospital admissions, outpatient surgery, claims for services paid at one hundred percent (100%), charges above the Usual, Customary, and Reasonable (UCR) limit, percentage amount coinsurance is reduced as a result of non-compliance with pre-certification, coinsurance amounts related to infertility benefits, and charges above the maximum allowable amount for transplants performed by a non-network provider.

(6) Out-of-pocket maximum—the maximum amount payable by the participant before the plan begins to pay one hundred percent (100%) of covered charges for the remainder of the calendar year. Certain co-payments do not apply to the out-of-pocket maximum as noted under 5(G).

(A) Network out-of-pocket maximum for individual—two thousand dollars ($2,000);

(B) Network out-of-pocket maximum for family—four thousand dollars ($4,000);

(C) Non-network out-of-pocket maximum for individual—four thousand dollars ($4,000);

(D) Non-network out-of-pocket maximum for family—eight thousand dollars ($8,000);

(7) Any claim must be submitted within twelve (12) months of claim being incurred. The plan reserves the right to deny claims not timely filed.

AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Dec. 16, 1993, effective Jan. 1, 1994, expired April 30, 1994. Emergency rule filed April 4, 1994, effective April 14, 1994, expired Aug. 11, 1994. Original rule filed Dec. 16, 1993, effective July 10, 1994. For intervening history, please consult the ***Code of State Regulations****. Emergency rule filed Dec. 22, 2005, effective Jan. 1, 2006, expires June 29, 2006. Readopted: Filed Dec. 22, 2005.*

PUBLIC COST: The fiscal impact of this proposed rule is estimated to be less than five hundred dollars ($500) in the aggregate for state agencies or political subdivisions.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Consolidated Health Care Plan, Ron Meyer, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 2—State Membership

PROPOSED RULE

22 CSR 10-2.060 PPO and Co-Pay Plan Limitations

PURPOSE: This rule establishes the limitations and exclusions of the Missouri Consolidated Health Care Plan PPO and/or Co-Pay plan.

(1) Benefits shall not be payable for, or in connection with, any medical benefits, services or supplies which do not come within the definition of covered charges, or within any of the sections of this rule.

(2) If applicable, all hospitalizations, outpatient treatment for chemical dependency or mental and nervous disorder that are not precertified as described in 22 CSR 10-2.045, reimbursement will be reduced by ten percent (10%) of reasonable and customary charges.

(3) Abortion—other than situations where the life of the mother is endangered if the fetus is carried to term or due to death of the fetus.

(4) Allergy services—no coverage for non-physician allergy services or associated expenses relating to an allergic condition, including installation of air filters, air purifiers, or air ventilation system cleaning.

(5) Alternative therapies—including, but not limited to, acupuncture, acupressure, homeopathy, hypnosis, massage therapy, reflexology, biofeedback, and other forms of alternative therapy.

(6) Autopsy.

(7) Blood storage, including whole blood, blood plasma and blood products.

(8) Care received without charge.

(9) Comfort and convenience items.

(10) Cosmetic, plastic, reconstructive or restorative surgery—unless medically necessary to repair a functional disorder caused by disease, injury or congenital defect or abnormality (for a participant under the age of nineteen (19)) or to restore symmetry following a mastectomy.

(11) Custodial or domiciliary care—includes services and supplies that assist members in the activities of daily living like walking, getting in and out of bed, bathing, dressing, feeding and using the toilet; preparation of special diets and supervision of medication that is usually self-administered.

(12) Dental—treatment must be initiated within sixty (60) days of accident. Limited to treatment of accidental injury to sound natural teeth. Oral surgery is covered only when medically necessary as a direct result from injury, tumors or cysts. Dental care, including oral surgery, as a result of poor dental hygiene is not covered. Extractions of bony or partial bony impactions are excluded.

(13) Durable medical equipment and disposable supplies—non-reusable disposable supplies including, but not limited to, bandages, wraps, tape, disposable sheets and bags, fabric supports, surgical face masks, incontinent pads, irrigating kits, pressure leotards, surgical leggings and support hose. Over-the-counter medications and supplies. Prescription compression stockings are limited to two (2) pairs of four (4) individual stockings per plan year.

(14) Educational or psychological testing—not covered unless part of a treatment program for covered services.

(15) Examinations requested by a third party.

(16) Exercise equipment.

(17) Experimental services or investigational services—experimental or investigational services, procedures, supplies or drugs as determined by the claims administrator are not covered, except clinical trials for cancer treatment as specified by law.

(18) Eye glasses and contact lenses—charges incurred in connection with the fitting of eye glasses or contact lenses except for initial placement immediately following cataract surgery.

(19) Eye services—health services and associated expenses for orthoptics, eye exercises, radial keratotomy, LASIK and other refractive eye surgery.

(20) Services obtained at a government facility—not covered if care is provided without charge.

(21) Hair analysis, wigs and hair transplants—Services related to the analysis of hair unless used as a diagnostic tool to determine poisoning. Also, hairstyling wigs, hairpieces and hair prostheses, including those ordered by a participating provider are not covered. Such items and services are not covered except for members ages eighteen (18) and under with alopecia as specified by law. Subject to two hundred dollar ($200) annual maximum and three throusand two hundred dollar ($3,200) lifetime maximum.

(22) Health and athletic club membership—including costs of enrollment.

(23) Immunizations requested by third party or for travel.

(24) Infertility—not covered. Those health services and associated expenses for the treatment of infertility including reversal of voluntary sterilization, intracytoplasmic sperm injection (ICSI), in vitro fertilization, gamete intrafallopian transfer (GIFT) and zygote intrafallopian transfer (ZIFT) procedures; embryo transport; donor sperm and related cost for collection; no cryopreservation of sperm or eggs; and non-medically necessary amniocentesis.

(25) Level of care, if greater than is needed for the treatment of the illness or injury.

(26) Medical care and supplies—not to the extent that they are payable under—

(A) A plan or program operated by a national government or one of its agencies; or

(B) Any state's cash sickness or similar law including any group insurance policy approved under such law.

(27) Medical service performed by a family member—including a person who ordinarily resides in your household or is related to the participant, such as a spouse, parent, child, sibling or brother/sister-in-law.

(28) Military service connected injury or illness.

(29) Non-network providers—subject to deductible and non-network coinsurance.

(30) Not medically necessary services—with the exception of preventive services.

(31) Obesity—medical and surgical intervention is not covered.

(32) Orthognathic surgery.

(33) Orthoptics.

(34) Other charges—no coverage for charges that would not be incurred if you were not covered. Charges for which you or your dependents are not legally obligated to pay including, but not limited to, any portion of any charges that are discounted. Charges made in your name but which are actually due to the injury or illness of a different person not covered by the plan.

(35) Over-the-counter medications—except for insulin through the pharmacy benefit.

(36) Over-the-counter supplies—non-reusable disposable supplies including, but not limited to, bandages, wraps, tape, disposable sheets and bags, fabric supports, surgical face masks, incontinent pads, irrigating kits, pressure leotards, surgical leggings and support hose.

(37) Physical fitness.

(38) Pre-existing conditions—not covered for charges associated with pre-existing conditions.

(39) Private duty nursing.

(40) Prosthetic repair or replacement—not covered unless due to normal wear and tear, if there is a change in medical condition, if growth related or medically necessary.

(41) Services not specifically included as benefits.

(42) Smoking cessation—patches and gum are not covered. There is a limited benefit available under the pharmacy benefit.

(43) Stimulators (for bone growth)—not covered unless authorized by claims administrator.

(44) Surrogacy—pregnancy coverage is limited to plan member.

(45) Temporo-Mandibular Joint Syndrome (TMJ).

(46) Transsexual surgery—health services and associated expenses in the transformation operations regardless of any diagnosis or gender role disorientation or psychosexual orientation or any treatment or studies related to sex transformation. Also excludes hormonal support for sex transformation.

(47) Travel expenses—not covered unless authorized by claims administrator.

(48) Trimming of nails, corns or calluses—not covered except for persons being treated for diabetes, peripheral vascular disease or blindness.

(49) Usual, Customary and Reasonable (UCR)—charges exceeding UCR are not covered, as applicable to the non-network benefit.

(50) Vitamins and nutrients—limited to prenatal agents for pregnancy, therapeutic agents for specific deficiencies and conditions and hematopoietic agents through the pharmacy benefit.

(51) War or insurrection—liability to provide services limited in the event of a major disaster, epidemic, riot or other circumstances beyond the control of the plan.

(52) Workers' compensation—charges for services and treatment of an injury incurred during the course of employment and covered by Workers' Compensation, occupational disease law or similar laws, including all charges to be covered by any associated settlement agreement.

AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Dec. 16, 1993, effective Jan. 1, 1994, expired April 30, 1994. Emergency rule filed April 4, 1994, effective April 14, 1994, expired Aug. 11, 1994. Original rule filed Dec. 16, 1993, effective July 10, 1994. For intervening history, please consult the ***Code of State Regulations****. Emergency rule filed Dec. 22, 2005, effective Jan. 1, 2006, expires June 29, 2006. Readopted: Filed Dec. 22, 2005.*

PUBLIC COST: The fiscal impact of this proposed rule is estimated to be less than five hundred dollars ($500) in the aggregate for state agencies or political subdivisions.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Consolidated Health Care Plan, Ron Meyer, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 2—State Membership

PROPOSED RULE

22 CSR 10-2.064 HMO and POS Summary of Medical Benefits

PURPOSE: This rule establishes the benefit provisions and covered charges in the Missouri Consolidated Health Care Plan HMO and POS plans.

(1) Co-payments—set charges for the following types of claims so long as network providers are utilized.

(A) Office visit—twenty-five dollars ($25).

(B) Laboratory and X-ray services—no co-payment; covered at one hundred percent (100%).

(C) Inpatient hospitalizations—three hundred dollars ($300) per admission.

(D) Maternity—twenty-five dollars ($25) for initial visit.

(E) Preventive care—no co-payment; covered at one hundred percent (100%).

(F) Outpatient surgery—seventy-five dollars ($75).

(2) Out-of-pocket maximum—Limited to no more than fifty percent (50%) of the cost of providing a single service. Co-payments are limited to no more than twenty percent (20%) of the cost of providing basic health care services for the total benefit period and may not exceed two hundred percent (200%) of the total annual premium.

(3) Any claim must be submitted within twelve (12) months of claim being incurred. The plan reserves the right to deny claims not timely filed.

AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Dec. 12, 2000, effective Jan. 1, 2001, expired June 29, 2001. Original rule filed Dec. 12, 2000, effective June 30, 2001. For intervening history, please consult the ***Code of State Regulations****. Emergency rule filed Dec. 22, 2005, effective Jan. 1, 2006, expires June 29, 2006. Readopted: Filed Dec. 22, 2005.*

PUBLIC COST: The fiscal impact of this proposed rule is estimated to be less than five hundred dollars ($500) in the aggregate for state agencies or political subdivisions.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Consolidated Health Care Plan, Ron Meyer, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 2—State Membership

PROPOSED RULE

22 CSR 10-2.067 HMO and POS Limitations

PURPOSE: This rule establishes the limitations and exclusions of the Missouri Consolidated Health Care Plan HMO and/or POS plan.

(1) Benefits shall not be payable for, or in connection with, any medical benefits, services or supplies which do not come within the definition of covered charges, or within any of the sections of this rule.

(2) If applicable, all hospitalizations, outpatient treatment for chemical dependency or mental and nervous disorder that are not precertified as described in 22 CSR 10-2.045, reimbursement will be reduced by ten percent (10%) of reasonable and customary charges.

(3) Abortion—other than situations where the life of the mother is endangered if the fetus is carried to term or due to death of the fetus.

(4) Allergy services—no coverage for non-physician allergy services or associated expenses relating to an allergic condition, including installation of air filters, air purifiers, or air ventilation system cleaning.

(5) Alternative therapies—including, but not limited to, acupuncture, acupressure, homeopathy, hypnosis, massage therapy, reflexology, biofeedback, and other forms of alternative therapy.

(6) Autopsy.

(7) Blood storage, including whole blood, blood plasma and blood products.

(8) Care received without charge.

(9) Comfort and convenience items.

(10) Cosmetic, plastic, reconstructive or restorative surgery—unless medically necessary to repair a functional disorder caused by disease, injury or congenital defect or abnormality (for a participant under the age of nineteen (19)) or to restore symmetry following a mastectomy.

(11) Custodial or domiciliary care—includes services and supplies that assist members in the activities of daily living like walking, getting in and out of bed, bathing, dressing, feeding and using the toilet; preparation of special diets and supervision of medication that is usually self-administered.

(12) Dental—treatment must be initiated within sixty (60) days of accident. Limited to treatment of accidental injury to sound natural teeth. Oral surgery is covered only when medically necessary as a direct result from injury, tumors or cysts. Dental care, including oral surgery, as a result of poor dental hygiene is not covered. Extractions of bony or partial bony impactions are excluded.

(13) Durable medical equipment and disposable supplies—non-reusable disposable supplies including, but not limited to, bandages, wraps, tape, disposable sheets and bags, fabric supports, surgical face masks, incontinent pads, irrigating kits, pressure leotards, surgical leggings and support hose. Over-the-counter medications and supplies. Prescription compression stockings are limited to two (2) pairs of four (4) individual stockings per plan year.

(14) Educational or psychological testing—not covered unless part of a treatment program for covered services.

(15) Examinations requested by a third party.

(16) Exercise equipment.

(17) Experimental services or investigational services—experimental or investigational services, procedures, supplies or drugs as determined by the claims administrator are not covered, except clinical trials for cancer treatment as specified by law.

(18) Eye glasses and contact lenses—charges incurred in connection with the fitting of eye glasses or contact lenses except for initial placement immediately following cataract surgery.

(19) Eye services—health services and associated expenses for orthoptics, eye exercises, radial keratotomy, LASIK and other refractive eye surgery.

(20) Services obtained at a government facility—not covered if care is provided without charge.

(21) Hair analysis, wigs and hair transplants—services related to the analysis of hair unless used as a diagnostic tool to determine poisoning. Also, hairstyling wigs, hairpieces and hair prostheses, including those ordered by a participating provider are not covered. Such items and services are not covered except for members ages eighteen (18) and under with alopecia as specified by law. Subject to two hundred dollar ($200) annual maximum and three thousand two hundred dollar ($3,200) lifetime maximum.

(22) Health and athletic club membership—including costs of enrollment.

(23) Immunizations requested by third party or for travel.

(24) Infertility—Not covered. Those health services and associated expenses for the treatment of infertility including reversal of voluntary sterilization, intracytoplasmic sperm injection (ICSI), in vitro fertilization, gamete intrafallopian transfer (GIFT) and zygote intrafallopian transfer (ZIFT) procedures; embryo transport; donor sperm and related cost for collection; no cryopreservation of sperm or eggs; and non-medically necessary amniocentesis.

(25) Level of care, if greater than is needed for the treatment of the illness or injury.

(26) Medical care and supplies—not to the extent that they are payable under—

(A) A plan or program operated by a national government or one of its agencies; or

(B) Any state's cash sickness or similar law including any group insurance policy approved under such law.

(27) Medical service performed by a family member—including a person who ordinarily resides in your household or is related to the participant, such as a spouse, parent, child, sibling or brother/sister-in-law.

(28) Military service connected injury or illness.

(29) Non-network providers—not covered unless in case of emergency or with prior approval of claims administrator.

(30) Not medically necessary services—with the exception of preventive services.

(31) Obesity—Medical and surgical intervention is not covered.

(32) Orthognathic surgery.

(33) Orthoptics.

(34) Other charges—no coverage for charges that would not be incurred if you were not covered. Charges for which you or your dependents are not legally obligated to pay including, but not limited to, any portion of any charges that are discounted. Charges made in your name but which are actually due to the injury or illness of a different person not covered by the plan.

(35) Over-the-counter medications—except for insulin through the pharmacy benefit.

(36) Over-the-counter supplies—non-reusable disposable supplies including, but not limited to, bandages, wraps, tape, disposable sheets and bags, fabric supports, surgical face masks, incontinent pads, irrigating kits, pressure leotards, surgical leggings and support hose.

(37) Physical fitness.

(38) Pre-existing conditions—not applicable to health maintenance organization (HMO) coverage.

(39) Private duty nursing.

(40) Prosthetic repair or replacement—not covered unless due to normal wear and tear, if there is a change in medical condition, if growth related or medically necessary.

(41) Services not specifically included as benefits.

(42) Smoking cessation—patches and gum are not covered. There is a limited benefit available under the pharmacy benefit.

(43) Stimulators (for bone growth)—not covered unless authorized by claims administrator.

(44) Surrogacy—pregnancy coverage is limited to plan member.

(45) Temporo-Mandibular Joint Syndrome (TMJ).

(46) Transsexual surgery—health services and associated expenses in the transformation operations regardless of any diagnosis or gender role disorientation or psychosexual orientation or any treatment or studies related to sex transformation. Also excludes hormonal support for sex transformation.

(47) Travel expenses—not covered unless authorized by claims administrator.

(48) Trimming of nails, corns or calluses—not covered except for persons being treated for diabetes, peripheral vascular disease or blindness.

(49) Vitamins and nutrients—limited to prenatal agents for pregnancy, therapeutic agents for specific deficiencies and conditions and hematopoietic agents through the pharmacy benefit.

(50) War or insurrection—liability to provide services limited in the event of a major disaster, epidemic, riot or other circumstances beyond the control of the plan.

(51) Workers' compensation—charges for services and treatment of an injury incurred during the course of employment and covered by Workers' Compensation, occupational disease law or similar laws, including all charges to be covered by any associated settlement agreement.

AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Dec. 21, 1994, effective Jan. 1, 1995, expired April 30, 1995. Emergency rule filed April 13, 1995, effective May 1, 1995, expired Aug. 28, 1995. Original rule filed Dec. 21, 1994, effective June 30, 1995. For intervening history, please consult the ***Code of State Regulations****. Emergency rule filed Dec. 22, 2005, effective Jan. 1, 2006, expires June 29, 2006. Readopted: Filed Dec. 22, 2005.*

PUBLIC COST: The fiscal impact of this proposed rule is estimated to be less than five hundred dollars ($500) in the aggregate for state agencies or political subdivisions.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Consolidated Health Care Plan, Ron Meyer, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 2—State Membership

PROPOSED RULE

22 CSR 10-2.090 Pharmacy Benefit Summary

PURPOSE: This rule establishes the benefit provisions, covered charges, limitations and exclusions of the Missouri Consolidated Health Care Plan pharmacy benefit.

(1) The pharmacy benefit provides coverage for prescription drugs, as described in the following:

(A) Medications.

1. In-network:

A. Generic: Ten dollar ($10) co-payment for thirty (30)-day supply for generic drug on the formulary;

B. Formulary brand: Thirty dollar ($30) co-payment for thirty (30)-day supply for brand drug on the formulary;

C. Non-formulary: Fifty dollar ($50) co-payment for thirty (30)-day supply for non-formulary drug;

D. Prescriptions filled with a formulary brand drug when a generic is available will be subject to the generic co-payment amount in addition to paying the difference between the cost of the generic and the formulary brand drug;

E. Mail order program—Prescriptions may be filled through the mail order program and the member will receive up to a ninety (90)-day supply for twice the regular co-payment.

2. Non-network pharmacies—If a member chooses to use a non-network pharmacy, s/he will be required to pay the full cost of the prescription, then file a claim with the pharmacy plan administrator. S/he will be reimbursed the amount that would have been allowed at an in-network pharmacy, less any applicable co-payment. Any difference between the amount paid by the member at a non-network pharmacy and the amount that would have been allowed at an in-network pharmacy will not be applied to any out-of-pocket maximum. All such claims must be filed within twelve (12) months of the incurred expense.

(2) If the co-payment amount is more than the cost of the drug, the member is only responsible for the cost of the drug rather than the co-payment.

(3) Retail and mail order coverage includes the following:

(A) Diabetic supplies, including:

1. Insulin;
2. Syringes:
3. Test strips;
4. Lancets; and
5. Glucometers;

(B) Prescribed vitamins, excluding those vitamins that may be purchased over-the-counter;

(C) Prescribed self-injectables;

(D) Oral chemotherapy agents;

(E) Hematopoietic stimulants;

(F) Growth hormones with prior authorization;

(G) Infertility drugs—subject to fifty percent (50%) member coinsurance; and

(H) Smoking cessation prescriptions—subject to formulary restrictions and limited to five hundred dollar ($500) annual benefit. Patches or gum are not covered.

(4) Step Therapy—Step therapy requires that drug therapy for a medical condition begin with the most cost-effective and safest drug therapy before moving to other more costly therapy, if necessary. This program involves the member's physician and is only for members who take prescription drugs to treat certain ongoing medical conditions. The member is responsible for paying the full price for the prescription drug unless the member's physician prescribes a first step drug. If the member's physician decides for medical reasons that the member's treatment plan requires a different medication without attempting to use the first step drug, the physician may request a prior authorization from the pharmacy plan administrator. If the prior authorization is approved, the member is responsible for the applicable co-payment which may be higher than the first step drug. If the requested prior authorization is not approved, then the member is responsible for the full price of the drug.

(A) First Step:

1. Uses primarily generic drugs;

2. Lowest applicable co-payment is charged; and

3. First step drugs must be used before the plan will authorize payment for second step drugs.

(B) Second Step:

1. This step applies if the member's treatment plan requires a different medication after attempting the first step medication;

2. Uses primarily brand name drugs; and

3. Typically, a higher co-payment amount is applicable.

(5) Prior Authorization—Certain medications are subject to prior authorization. Network pharmacies will notify the member if prior authorization is required. The member or the pharmacy must contact the pharmacy plan administrator before payment will be approved.

(6) Filing of Claims—Claims must be filed within twelve (12) months of filling the prescription. Members may request claim forms from the plan or the pharmacy plan administrator. In order to file a claim, members must:

(A) Complete the claim form;

(B) Attach a prescription receipt or label with the claim form. Patient history printouts from the pharmacy are acceptable, but must be signed by the pharmacist. Cash register receipts are not acceptable for any prescriptions, except diabetic supplies. If attaching a receipt or label, the receipt or label shall include:

1. Pharmacy name and address;
2. Patient's name;
3. Price;
4. Date filled;
5. Drug name, strength, and national drug code (NDC);
6. Prescription number;
7. Quantity; and
8. Days supply.

(7) Formulary—The formulary does not change during a calendar year, unless:

(A) A generic drug becomes available to replace the brand name drug. If this occurs, the generic co-payment applies; or

(B) A drug becomes available over-the-counter. If this occurs, then the drug is no longer covered under the pharmacy benefit.

AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Dec. 22, 2005, effective Jan. 1, 2006, expires June 29, 2006. Original rule filed Dec. 22, 2005.

PUBLIC COST: The fiscal impact of this proposed rule is estimated to be less than five hundred dollars ($500) in the aggregate for state agencies or political subdivisions.

PRIVATE COST: This proposed rule will cost private entities $3,707,604 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Consolidated Health Care Plan, Ron Meyer, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

FISCAL NOTE
PRIVATE COST

I. RULE NUMBER

Title: 22 – Missouri Consolidated Health Care Plan

Division: Division 10

Chapter: Chapter 2

Type of Rulemaking: Proposed Rule

Rule Number and Name: 2.090 Pharmacy Benefit Summary

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
102,989 individuals enrolled in the MCHCP	Individuals enrolled in the MCHCP	$3,707,604

III. WORKSHEET

Due to the ever increasing cost of pharmaceuticals, the plan design is being modified in order to better utilize MCHCP resources for the entire covered population. Under the new plan design, a participant may experience an increase in co-payments depending on his/her utilization. Co-payment amounts for generic prescriptions will remain the same. However, co-payment amounts for brand and non-formulary prescriptions will increase.

The MCHCP will be implementing a revised pharmacy benefit co-payment structure. Under this arrangement, the member will pay the following:

$10 co-payment for generics (remains unchanged)
$30 co-payment for brand formulary (increase from $25)
$50 co-payment for non-formulary drug (increase from $40)

Based on the assumptions below, the expected increase in cost per member is three dollars ($3) per month for a total of thirty-six dollars ($36) per year.

IV. ASSUMPTIONS

1. Utilization script data is based on actual script count for the time period of July, 2005 to November, 2005.
2. During that time period, the cost for brand formulary drugs per member was ten dollars ($10) per month and the cost for non-formulary drugs per member was four dollars ($4) per month.
3. For calendar year 2006, the cost for brand formulary drugs per member is expected to be twelve dollars ($12) per month and the cost for non-formulary drugs per member is expected to be five dollars ($5) per month.
4. Average enrollment is assumed to be 102,989 members.

This section will contain the final text of the rules proposed by agencies. The order of rulemaking is required to contain a citation to the legal authority upon which the order of rulemaking is based; reference to the date and page or pages where the notice of proposed rulemaking was published in the *Missouri Register*; an explanation of any change between the text of the rule as contained in the notice of proposed rulemaking and the text of the rule as finally adopted, together with the reason for any such change; and the full text of any section or subsection of the rule as adopted which has been changed from that contained in the notice of proposed rulemaking. The effective date of the rule shall be not less than thirty (30) days after the date of publication of the revision to the *Code of State Regulations*.

The agency is also required to make a brief summary of the general nature and extent of comments submitted in support of or opposition to the proposed rule and a concise summary of the testimony presented at the hearing, if any, held in connection with the rulemaking, together with a concise summary of the agency's findings with respect to the merits of any such testimony or comments which are opposed in whole or in part to the proposed rule. The ninety (90)-day period during which an agency shall file its order of rulemaking for publication in the *Missouri Register* begins either: 1) after the hearing on the proposed rulemaking is held; or 2) at the end of the time for submission of comments to the agency. During this period, the agency shall file with the secretary of state the order of rulemaking, either putting the proposed rule into effect, with or without further changes, or withdrawing the proposed rule.

Title 2—DEPARTMENT OF AGRICULTURE
Division 30—Animal Health
Chapter 2—Health Requirements for Movement of Livestock, Poultry and Exotic Animals

ORDER OF RULEMAKING

By the authority vested in the director of the Department of Agriculture under section 267.645, RSMo 2000, the director adopts a rule as follows:

2 CSR 30-2.005 is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on September 15, 2005 (30 MoReg 1900). Those sections with changes are reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: Two (2) comments were received concerning the proposed rule.

COMMENT: Dr. David Hopson, Area Veterinarian in Charge, United States Department of Agriculture, Veterinary Services, commented that the quarantine issued or released to a premises affected with Vesicular Stomatitis is handled by state authority, not the United States Department of Agriculture.
RESPONSE AND EXPLANATION OF CHANGE: Correction noted and proposed rule will reflect the affected state as responsible for issuing and releasing the quarantine.

COMMENT: Dr. Charles Massengill, State Epidemiologist, noted that the wording of proposed rule could be interpreted that even animals going directly to a market or slaughter would be required to have a permit and a Certificate of Veterinary Inspection.
RESPONSE AND EXPLANATION OF CHANGE: The intent of the rule is to protect Missouri's livestock from animals entering and moving throughout the state not hinder the market or slaughter channels. The proposed rule is revised to address this comment.

2 CSR 30-2.005 Vesicular Stomatitis Restrictions on Domestic and Exotic Ungulates (Hoofed Animals) Entering Missouri

(1) In addition to any other entry requirements, any domestic or exotic ungulate(s) (hoofed animal) originating from a state affected with Vesicular Stomatitis, meaning a state with a premises under quarantine for Vesicular Stomatitis, must meet the following requirements:

(A) Any animal entering Missouri requiring a Certificate of Veterinary Inspection must have an entry permit issued by the Missouri Department of Agriculture, Division of Animal Health and the permit number shall be listed on the Certificate of Veterinary Inspection.

(B) The Certificate of Veterinary Inspection must state that the animals listed have not been exposed to Vesicular Stomatitis or located within ten (10) miles of a premises quarantined for Vesicular Stomatitis within the past thirty (30) days.

(C) These requirements shall remain in place until a quarantine release has been issued for all affected premises in the state from which the animal originates.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 7—Wildlife Code: Hunting: Seasons, Methods, Limits

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-7.450 Furbearers: Hunting Seasons, Methods **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 15, 2005 (30 MoReg 2385–2386). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 8—Wildlife Code: Trapping: Seasons, Methods

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-8.515 Furbearers: Trapping Seasons **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 15, 2005 (30 MoReg 2386). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 10—Wildlife Code: Commercial Permits: Seasons, Methods, Limits

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission adopts a rule as follows:

3 CSR 10-10.711 Resident Fur Handlers Permit **is adopted**.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on November 15, 2005 (30 MoReg 2386–2387). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 10—Wildlife Code: Commercial Permits: Seasons, Methods, Limits

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission adopts a rule as follows:

3 CSR 10-10.716 Resident Fur Handlers: Reports, Requirements **is adopted**.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on November 15, 2005 (30 MoReg 2388). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 30—Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects
Chapter 1—Organization

ORDER OF RULEMAKING

By the authority vested in the Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects under sections 327.031 and 327.041, RSMo Supp. 2005, the board amends a rule as follows:

4 CSR 30-1.010 General Organization **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 3, 2005 (30 MoReg 2020). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 30—Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects
Chapter 4—Applications

ORDER OF RULEMAKING

By the authority vested in the Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects under sections 327.041 and 327.381, RSMo Supp. 2005, the board amends a rule as follows:

4 CSR 30-4.070 Evaluation—Comity Applications—Engineers **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 3, 2005 (30 MoReg 2020–2021). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 30—Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects
Chapter 4—Applications

ORDER OF RULEMAKING

By the authority vested in the Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects under sections 327.041 and 327.623, RSMo Supp. 2005, the board amends a rule as follows:

4 CSR 30-4.090 Evaluation—Comity Applications—Landscape Architects **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 3, 2005 (30 MoReg 2021). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 30—Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects
Chapter 5—Examinations

ORDER OF RULEMAKING

By the authority vested in the Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects under section 327.041, RSMo Supp. 2005, the board amends a rule as follows:

4 CSR 30-5.050 Admission to Examination—Architects **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 3, 2005 (30 MoReg 2021–2022). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 30—Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects
Chapter 5—Examinations

ORDER OF RULEMAKING

By the authority vested in the Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects under sections 327.041 and 327.131, RSMo Supp. 2005 and 327.151, 327.221 and 327.241, RSMo 2000, the board amends a rule as follows:

4 CSR 30-5.100 Passing of Part I Required—Engineers **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 3, 2005 (30 MoReg 2022). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 200—State Board of Nursing
Chapter 4—General Rules

ORDER OF RULEMAKING

By the authority vested in the State Board of Nursing under sections 335.036(2) and (7), 335.046 and 335.051, RSMo 2000, the board amends a rule as follows:

4 CSR 200-4.020 Requirements for Licensure **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 1, 2005 (30 MoReg 1795–1797). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: Three (3) comments were received.

COMMENT: Mary Mitchel, Vice President, Resident Services, Superior Nursing Solutions, LLC commented that the rule should outline how the board will treat the results of the criminal background checks and requested to know what findings will cause an applicant to be declined or will prevent licensure.

RESPONSE: The board stated that if criminal history information is received, the board requests pertinent court documents, a statement of explanation from the nurse/applicant and character reference letters. Each situation is evaluated on a case by case basis. The Board of Nursing considers the nature, severity and recency of offenses, as well as rehabilitation and other factors.

COMMENT: Harvey Tettlebaum, Husch & Eppenberger, LLC, submitted a comment on behalf of the Missouri Health Care Association. The association supports the rule, however, suggested that the rule be strengthened by permitting employers of nurses to have access to the information obtained from the criminal background check. The association felt by adding additional language, health care providers employing nurses who comply with other provisions of the law requiring criminal background checks would be assisted and, at the same time, assist the board's licensees in obtaining employment by having third party proof that they have not been convicted of a disqualifying offense. In the event that the board does not believe that the suggestion is appropriate, the letter of comment was to be considered as a petition submitted pursuant to section 536.041, RSMo.

RESPONSE: The board appreciated Mr. Tettlebaum's suggestion, but is barred by law from adopting a regulation with the provisions as suggested. Specifically the board's authority to use fingerprints for background searches is section 43.543, RSMo. Subsection 2 provides that the records are accessible and available to the state agency. No provision is made for the agency to provide those records to a third-party, either with or without the consent of the subject of the record. Further, section 610.120, RSMo, controls dissemination of closed records which might be part of a criminal history record. Subsection 2 provides that closed records are available only for the purposes and to the entities listed in the section. No provision is made for the agency to provide those records to a third-party, either with or without the consent of the subject of the record. Finally, the information referenced in the letter is available to employers of nurses under the provisions of sections 43.540 and 660.317, RSMo. These sections also have additional restrictions regarding the information that can be disclosed. The board concluded, therefore, that it is inappropriate to amend the regulation as suggested. Pursuant to Mr. Tettlebaum's request the board did consider the letter a petition under section 536.041, RSMo.

COMMENT: Harvey Tettlebaum, Husch & Eppenberger, LLC, submitted a further comment on behalf of the Missouri Health Care Association in reply to the board's response. Mr. Tettlebaum suggested that section 610.120.1, RSMo Supp. 2004 permits the "closed records" which contain the results of criminal background checks to be available "to qualified entities for the purpose of screening providers defined in section 43.540, RSMo . . . ." Section 43.540, RSMo Supp. 2004 defines a "qualified entity" in pertinent parts as: "A person, business or organization, whether public or private, for profit, not for profit, or voluntary, that provide care, placement, or

educational services for . . . the elderly, or persons with disabilities that licenses or certifies other to provide care or placement services . . . .” The word provider is defined in section 43.540.1(6), in pertinent part as: “A person who: (a) has or may have unsupervised access to . . . the elderly, or persons with disabilities; and (b) is employed by or seeks employment with a qualified entity. . . .” Section 43.540.3, RSMo provides “3. A qualified entity may request a Missouri criminal record review and a national criminal record review of a provider through an authorized agency.” The term “authorized state agency” is defined in section 43.540.1(1), RSMo to include: “A division of state government or an office of state government designated by statutes or Missouri to issue a renewal license, permit, certification, or registration of authority to a qualified entity. . . .” Mr. Tettlebaum concluded that it would appear that the Missouri Board of Nursing is an “authorized state agency” which can make available to Missouri nursing facilities as “providers” the information which it will obtain as a result of the above-referenced regulation.

RESPONSE: After further dialogue between Mr. Tettlebaum and the division’s legal counsel regarding the legal impediments to the suggested language, Mr. Tettlebaum indicated he was pursuing resolution of this matter through federal legislation. Therefore, the board took no further action on his petition.

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 255—Missouri Board for Respiratory Care
Chapter 1—General Rules

ORDER OF RULEMAKING

By the authority vested in the Missouri Board for Respiratory Care under sections 334.800, 334.840.2 and 334.850, RSMo 2000 and 334.870, 334.880, 334.890 and 610.026, RSMo Supp. 2005, the board amends a rule as follows:

4 CSR 255-1.040 Fees **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 1, 2005 (30 MoReg 1798–1800). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 5—DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
Division 80—Teacher Quality and Urban Education
Chapter 860—Scholarships and Financial Aid

ORDER OF RULEMAKING

By the authority vested in the State Board of Education under sections 161.092, RSMo Supp. 2005 and 178.430, RSMo 2000, the board amends a rule as follows:

5 CSR 80-860.010 Robert C. Byrd Honors Scholarship Program **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 15, 2005 (30 MoReg 1903–1904). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 30—Office of the Director
Chapter 10—Amber Alert

ORDER OF RULEMAKING

By the authority vested in the director of the Department of Public Safety under section 210.1014, RSMo Supp. 2005, the director adopts a rule as follows:

11 CSR 30-10.010 Definitions for the Amber Alert **is adopted**.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on November 1, 2005 (30 MoReg 2295–2296). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 30—Office of the Director
Chapter 10—Amber Alert

ORDER OF RULEMAKING

By the authority vested in the director of the Department of Public Safety under section 210.1014, RSMo Supp. 2005, the director adopts a rule as follows:

11 CSR 30-10.020 Law Enforcement Agency Procedures for Activating an Amber Alert **is adopted**.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on November 1, 2005 (30 MoReg 2296). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 5—City Sales Tax, Transportation Sales Tax and Public Mass Transportation Tax

ORDER OF RULEMAKING

By the authority vested in the director of revenue under section 32.087.6, RSMo Supp. 2005, the director rescinds a rule as follows:

12 CSR 10-5.535 Seller Entitled **is rescinded**.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on October 17, 2005 (30 MoReg 2167). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes

effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 5—City Sales Tax, Transportation Sales Tax and Public Mass Transportation Tax

ORDER OF RULEMAKING

By the authority vested in the director of revenue under section 32.087.6, RSMo Supp. 2005, the director rescinds a rule as follows:

12 CSR 10-5.540 Deductions **is rescinded**.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on October 17, 2005 (30 MoReg 2167). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 5—City Sales Tax, Transportation Sales Tax and Public Mass Transportation Tax

ORDER OF RULEMAKING

By the authority vested in the director of revenue under section 32.087.6, RSMo Supp. 2005, the director rescinds a rule as follows:

12 CSR 10-5.570 Location of Machine Determines **is rescinded**.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on October 17, 2005 (30 MoReg 2167–2168). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 5—City Sales Tax, Transportation Sales Tax and Public Mass Transportation Tax

ORDER OF RULEMAKING

By the authority vested in the director of revenue under section 32.087.6, RSMo Supp. 2005, the director rescinds a rule as follows:

12 CSR 10-5.575 Items Taken from Inventory **is rescinded**.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on October 17, 2005 (30 MoReg 2168). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 5—City Sales Tax, Transportation Sales Tax and Public Mass Transportation Tax

ORDER OF RULEMAKING

By the authority vested in the director of revenue under section 32.087.6, RSMo Supp. 2005, the director rescinds a rule as follows:

12 CSR 10-5.585 Motor Vehicles **is rescinded**.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on October 17, 2005 (30 MoReg 2168). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 5—City Sales Tax, Transportation Sales Tax and Public Mass Transportation Tax

ORDER OF RULEMAKING

By the authority vested in the director of revenue under section 32.087.6, RSMo Supp. 2005, the director rescinds a rule as follows:

12 CSR 10-5.590 Over-the-Road Trailers **is rescinded**.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on October 17, 2005 (30 MoReg 2168). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 5—City Sales Tax, Transportation Sales Tax and Public Mass Transportation Tax

ORDER OF RULEMAKING

By the authority vested in the director of revenue under section 32.087.6, RSMo Supp. 2005, the director rescinds a rule as follows:

12 CSR 10-5.595 Mobile Homes **is rescinded**.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on October 17, 2005 (30 MoReg 2168–2169). No changes have been made in the proposed

rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 5—City Sales Tax, Transportation Sales Tax and Public Mass Transportation Tax

ORDER OF RULEMAKING

By the authority vested in the director of revenue under section 32.087.6, RSMo Supp. 2005, the director rescinds a rule as follows:

12 CSR 10-5.605 Delinquent Tax **is rescinded**.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on October 17, 2005 (30 MoReg 2169). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 11—County Sales Tax

ORDER OF RULEMAKING

By the authority vested in the director of revenue under section 32.087.6, RSMo Supp. 2005, the director rescinds a rule as follows:

12 CSR 10-11.050 Location of Machine Determines **is rescinded**.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on October 17, 2005 (30 MoReg 2169). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 11—County Sales Tax

ORDER OF RULEMAKING

By the authority vested in the director of revenue under section 32.087.6, RSMo Supp. 2005, the director rescinds a rule as follows:

12 CSR 10-11.060 State Sales Tax Rules Apply **is rescinded**.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on October 17, 2005 (30 MoReg 2169). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 11—County Sales Tax

ORDER OF RULEMAKING

By the authority vested in the director of revenue under section 32.087.6, RSMo Supp. 2005, the director rescinds a rule as follows:

12 CSR 10-11.080 Seller Entitled **is rescinded**.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on October 17, 2005 (30 MoReg 2169–2170). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 11—County Sales Tax

ORDER OF RULEMAKING

By the authority vested in the director of revenue under section 32.087.6, RSMo Supp. 2005, the director rescinds a rule as follows:

12 CSR 10-11.160 Motor Vehicles **is rescinded**.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on October 17, 2005 (30 MoReg 2170). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 11—County Sales Tax

ORDER OF RULEMAKING

By the authority vested in the director of revenue under section 32.087.6, RSMo Supp. 2005, the director rescinds a rule as follows:

12 CSR 10-11.180 Delinquent Tax **is rescinded**.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on October 17, 2005 (30 MoReg 2170). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 24—Drivers License Bureau Rules

ORDER OF RULEMAKING

By the authority vested in the director of revenue under sections 302.775, RSMo Supp. 2005, and 302.765, RSMo 2000, and 49 CFR 383.3, the director amends a rule as follows:

12 CSR 10-24.412 Commercial Driver License Waiver for Farm-Related Service Industries **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 17, 2005 (30 MoReg 2170–2171). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 103—Sales/Use Tax—Imposition of Tax

ORDER OF RULEMAKING

By the authority vested in the director of revenue under sections 144.010.1(5), 144.020.1(1), 144.025.1, RSMo Supp. 2005 and 144.069, 144.070 and 144.270, RSMo 2000, the director adopts a rule as follows:

12 CSR 10-103.350 Sales Tax on Motor Vehicles **is adopted**.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on October 17, 2005 (30 MoReg 2171–2175). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 20—DEPARTMENT OF INSURANCE
Division 400—Life, Annuities and Health
Chapter 2—Accident and Health Insurance in General

ORDER OF RULEMAKING

By the authority vested in the director of the Missouri Department of Insurance under section 374.045, RSMo 2000, the director adopts a rule as follows:

20 CSR 400-2.165 Access to Providers for Treatment of Mental Health Conditions **is adopted**.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on October 3, 2005 (30 MoReg 2085–2086). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The department received no comments on the proposed rule.

Title 20—DEPARTMENT OF INSURANCE
Division 700—Licensing
Chapter 1—Insurance Producers

ORDER OF RULEMAKING

By the authority vested in the director of the Missouri Department of Insurance under sections 374.045, RSMo 2000, the director amends a rule as follows:

20 CSR 700-1.010 Insurance Producers' Examination and Licensing Procedures and Standards **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 17, 2005 (30 MoReg 2187). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

This section may contain notice of hearings, correction notices, public information notices, rule action notices, statements of actual costs and other items required to be published in the *Missouri Register* by law.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 7—Wildlife Code: Hunting: Seasons, Methods, Limits

IN ADDITION

3 CSR 10-7.455 Turkeys: Seasons, Methods, Limits

As a matter of public information, the following dates and bag limits shall apply to turkey hunting seasons for 2006. These are based on the formula for season dates set out in subsections (1)(A), (1)(B) and (1)(D) of this rule in the *Code of State Regulations*, and actions of the Conservation Commission on December 16, 2005 to annually establish the season length and bag limit of the spring, fall and youth hunting seasons.

Spring Season: The 2006 spring turkey hunting season will be twenty-one (21) days in length (from April 24 through May 14, 2006). A person possessing the prescribed turkey hunting permit may take two (2) male turkeys or turkeys with visible beard during the season; provided that only one may be taken from April 24 through April 30 and only one per day may be taken from May 1 through May 14. Shooting hours: one-half (1/2) hour before sunrise to 1:00 p.m. Central Daylight Saving Time.

Youth Spring Season: April 8–9, 2006. Shooting hours: one-half (1/2) hour before sunrise to 1:00 p.m. Central Daylight Saving Time.

Fall Season: The 2006 fall season will be thirty-one (31) days in length (from October 1 through October 31). A person possessing the prescribed turkey hunting permit may take two (2) turkeys of either sex during the season, except that youth hunting on a Youth Deer and Turkey Hunting Permit may take only one turkey of either sex. Shooting hours: one-half (1/2) hour before sunrise to sunset.

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 100—Division of Credit Unions

ACTIONS TAKEN ON APPLICATIONS FOR NEW GROUPS OR GEOGRAPHIC AREAS

Pursuant to section 370.081(4), RSMo 2000, the director of the Missouri Division of Credit Unions is required to cause notice to be published that the director has either granted or rejected applications from the following credit unions to add new groups or geographic areas to their membership and state the reasons for taking these actions.

The following applications have been granted. These credit unions have met the criteria applied to determine if additional groups may be included in the membership of an existing credit union and have the immediate ability to serve the proposed new groups or geographic areas. The proposed new groups or geographic areas meet the requirements established pursuant to 370.080(2), RSMo 2000.

Credit Union	Proposed New Group or Geographic Area
St. Louis Community Credit Union 3651 Forest Park Ave. St. Louis, MO 63108	Those who live or work in the following zip codes: 63125 and 63126

MISSOURI DIVISION OF CREDIT UNIONS

APPLICATION TO EXPAND THE FIELD OF MEMBERSHIP OF ST. LOUIS COMMUNITY CREDIT UNION

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. The application to expand the field of membership was received by the director, Division of Credit Unions on October 11, 2005.

2. The application was submitted in the required format and on October 12, 2005 was deemed to be complete.

3. St. Louis Community Credit Union by resolution of their Board of Directors adopted September 16, 2005 and included as part of the application will expand their field of membership only by geographic areas (370.081.4, RSMo; 370.080.2, RSMo).

4. St. Louis Community Credit Union applied to expand their field of membership to include all who reside or work in Zip code 63125 and 63126 along with their immediate household and family members. According to the 2000 United States census, the total population in Zip Code 63125 and 63126 is 48,536. Therefore provisions of 370.081.2, RSMo and 4 CSR 105-3.040 Exemptions from Limitations on Groups are applicable.

5. The Credit Union Commission took action by motion during their October 20, 2005 meeting to find the application meets the criteria of 4 CSR 105-3.040 for an exemption from the limitations on groups.

6. After review of St. Louis Community Credit Union's most recent Supervisory Examination report and their June 30, 2005 call report, the director is satisfied that this credit union is operating in a safe and sound manner and there are no adverse conditions or regulatory concerns. (4 CSR 105-3.020 Criteria for Additional Membership Groups (1)(A)).

7. St. Louis Community Credit Union's net worth as reported on the June 30, 2005 call report is 16.47%. The director finds that St. Louis Community Credit Union is adequately capitalized. (4 CSR 105-3.020 Criteria for Additional Membership Groups (1)(B)).

8. After review of St. Louis Community Credit Union's business plan submitted as part of the field of membership application, their June 30, 2005 call report, and their most recent Supervisory Examination Report, the director finds this credit union has the administrative capability and the financial resources to serve the proposed group. (4 CSR 105-3.020 Criteria for Additional Membership Groups (1)(C)).

9. That no evidence was submitted as part of the application nor is the director in possession of any information that any other group is

interested in forming a new credit union to serve this group. (4 CSR 105-3.020 Criteria for Additional Membership Groups (1)(D)).

Sandra K. Branson, Director
Division of Credit Unions

Date: December 21, 2005

STATUTORY LIST OF CONTRACTORS BARRED FROM PUBLIC WORKS PROJECTS

The following is a list of contractor(s) who have been prosecuted and convicted of violating the Missouri Prevailing Wage Law, and whose Notice of Conviction has been filed with the Secretary of State pursuant to Section 290.330, RSMo.

Name of Contractor	Name of Officers	Address	Date of Conviction	Debarment Period
Stan Buffington DBA Buffington Brothers Heating & Cooling		110 N. Riverview Poplar Bluff, MO 63901	10/26/05	10/26/2005-10/26/06

The Secretary of State is required by sections 347.141 and 359.481, RSMo 2000 to publish dissolutions of limited liability companies and limited partnerships. The content requirements for the one-time publishing of these notices are prescribed by statute. This listing is published pursuant to these statutes. We request that documents submitted for publication in this section be submitted in camera ready 8 1/2" x 11" manuscript.

NOTICE OF TERMINATION OF LIMITED LIABILITY COMPANY

NOTICE OF TERMINATION TO ALL CREDITORS OF AND CLAIMANTS AGAINST C3 Chemical Ventures, L.L.C., a Missouri limited liability company.

On December 13, 2005, C3 Chemical Ventures, L.L.C., a Missouri limited liability company, filed its Articles of Termination with the Missouri Secretary of State. The Termination is effective on December 31, 2005.

Said LLC requests that all persons and organizations with claims against it present them in accordance with the Notice of Winding Up. All claims must include: the name and address of the claimant; the amount claimed; the basis for the claim and the date(s) on which the event(s) on which the claim is based occurred. The address to which the written claim must be mailed is 6513 Stonington Drive, Tampa, FL 33647.

NOTICE: Because of the termination of C3 Chemical Ventures, L.L.C., any claims against it will be barred unless a proceeding to enforce the claim is commenced within three years after the publication date of the notice authorized by statute.

NOTICE OF DISSOLUTION OF

LIMITED LIABILITY COMPANY

To All Creditors of and Claimants Against

WEBCOMP, LLC

On October 24, 2005, WEBCOMP, LLC filed its Notice of Winding Up for a limited liability company with the Missouri Secretary of State, effective September 13, 2005. You are hereby notified that if you believe you have a claim against WEBCOMP, LLC you must submit a claim to: Webcomp, LLC, c/o Kenneth O. Grissom, 1606 Lyon Road, New Haven, MO 63068. Claims must include (1) the name and address of the claimant; (2) the amount of the claim; (3) the basis for the claim; and (4) documentation of the claim.

A claim against WEBCOMP, LLC will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication date of this notice.

NOTICE OF WINDING UP OF WAGSTAFF LAND & CATTLE COMPANY, L.P.

Wagstaff Land & Cattle Company, L.P. (the "Partnership") has dissolved and for the purpose of disposing of unknown claims in connection with the winding up of the Partnership pursuant Section 359.481.2 of the provisions of the Missouri Uniform Limited Partnership Act, sets forth the following information:

1. The name of the Partnership is:

Wagstaff Land & Cattle Company, L.P.

2. The Certificate of Limited Partnership for the Partnership was filed on October 20, 1998.

3. Persons with claims against the Partnership must present them in accordance with the following procedure:

a) To file a claim with the Partnership you must furnish the following information:

(i) the amount of the claim in US Dollars,
(ii) the basis for the claim, and
(iii) any documentation supporting the claim

b) The claim must be mailed by United States mail, postage prepaid and certified (return receipt requested) to:

Katherine H. Wagstaff Irrevocable Trust of 1998
Robert H. Wagstaff and Thomas W. Wagstaff, Trustees
4520 Main Street, Suite 1240
Kansas City, MO 64141

4. A claim against the Partnership will be barred unless a proceeding to enforce the claim is commenced within three years after the publication of this notice in accordance with Missouri law.

NOTICE OF DISSOLUTION OF LIMITED LIABILITY COMPANY TO ALL CREDITORS AND CLAIMANTS AGAINST MATADOR VILLA, L.C.

Matador Villa, L.C., a Missouri limited liability company, filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State on August 15, 2005. Any person with a claim against Matador Villa, L.C. is hereby requested to present it in accordance with the Notice of Winding Up. You are hereby notified that if you believe you have a claim against Matador Villa, L.C., you must submit your claim to Matador Villa, L.C., c/o John J. Kraska, 514 Hanley Industrial Court, St. Louis, Missouri 63144. Claims must include the name and address of claimant, amount of the claim, basis for the claim, and documentation of the claim. A claim against Matador Villa, L.C. will be barred unless a proceeding to enforce the claim is commenced within three years after the publication of this notice.

NOTICE OF DISSOLUTION OF LIMITED LIABILITY COMPANY TO ALL CREDITORS OF AND CLAIMANTS AGAINST HAIR TROPICS & TANNING, L.L.C.

On Nov. 19, 2005 HAIR TROPICS & TANNING, L.L.C., a Missouri limited liability company, filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State, effective the date of filing.

Said limited liability company requests that all persons, and organizations who have claims against it present them immediately by letter to the company at

Hair Tropics & Tanning, L.L.C.
Att: Kelley Christopher
P.O. Box 456
High Ridge, MO 63049
(314) 609-5156

All claims must include the name and address of the claimant; the basis for the claim; and the date(s) on which the event(s) on which the claim is based occurred.

NOTICE: Because of the notice of winding up of Hair Tropics and Tanning L.L.C, any claims against it will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication date of the notices authorized by the statute, whichever is published last.

NOTICE OF DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST S100 SPINE, LLC; S101 SPINE, LLC; S102 SPINE, LLC; S103 SPINE, LLC; S104 SPINE, LLC; JACKSON INSTRUMENTS, LLC; JACKSON SPINE, LLC; I100 INSTRUMENTS, LLC AND I101 INSTRUMENTS, LLC

Effective December 30, 2005, S100 SPINE, LLC; S101 SPINE, LLC; S102 SPINE, LLC; S103 SPINE, LLC; S104 SPINE, LLC; JACKSON INSTRUMENTS, LLC; JACKSON SPINE, LLC; I-100 INSTRUMENTS, LLC; AND I-101 INSTRUMENTS, LLC, each a Missouri limited liability company ("Company"), filed its Notice of Winding Up with the Missouri Secretary of State.

Each Company requests that all persons and organizations who have claims against such Company present them immediately by letter to Darrell W. Jackson, Jr., 2266 S. Compton Ave., St. Louis, MO 63104. All claims **must** include the name and address of the claimant, the name of the company, the amount claimed, the basis for and a description of the claim, and include copies of any supporting documentation.

NOTICE: PURSUANT TO THE PROVISIONS OF SECTION 347.141, FAILURE TO SUBMIT YOUR CLAIM AGAINST ANY ONE OF THE COMPANIES WILL RESULT IN YOUR CLAIM BEING BARRED UNLESS A PROCEEDING TO ENFORCE THE CLAIM IS COMMENCED WITHIN THREE YEARS AFTER THE PUBLICATION DATE OF THIS NOTICE.

NOTICE OF CORPORATE DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST L. R. WYSS CONSTRUCTION, INC.

On December 29, 2005, L. R. Wyss Construction, Inc. filed its Articles of Dissolution with the Missouri Secretary of State. The Dissolution was effective on December 29, 2005.

All persons having claims against that corporation should present their claims in writing and mail them to L. R. Wyss Construction, Inc., c/o Robert R. Bartunek, Seigfreid, Bingham, Levy, Selzer and Gee, Suite 2800, 911 Main Street, Kansas City, Missouri 64105. The claims should include the name and address of the claimant, the amount claimed, a brief description of the basis for the claim, and the date or dates on which the basis for the claim occurred.

All claims against that corporation will be barred unless a proceeding to enforce the claim is commenced within two years after the publication of the notices authorized by statute.

Notice of Corporate Dissolution To All Creditors of and Claimants Against 5601 Manchester Road, Inc.

On December 30, 2005, 5601 Manchester Road, Inc., a Missouri corporation, filed its Articles of Dissolution with the Missouri Secretary of State. Said corporation requests that all persons and organizations who have claims against it present them immediately by letter to the corporation c/o Richard B. Rothman, Blitz, Bardgett & Deutsch, L.C., 120 S. Central, Suite 1650, St. Louis, Missouri 63105. All claims must include the name, address and telephone number of the claimant; the amount claimed; the basis of the claim; the date(s) on which the events occurred which provided the basis of the claim; and documentation of the claim.

NOTICE: BECAUSE OF THE DISSOLUTION OF 5601 MANCHESTER ROAD, INC., ANY CLAIMS AGAINST IT WILL BE BARRED UNLESS A PROCEEDING TO ENFORCE THE CLAIM IS COMMENCED WITHIN TWO (2) YEARS AFTER THE PUBLICATION DATE OF WHICHEVER OF THE NOTICES REQUIRED BY STATUTE IS PUBLISHED LAST.

Notice of Corporate Dissolution
To All Creditors of and
Claimants Against
Waldo Riverside Farms, Inc.

On December 30, 2005, Waldo Riverside Farms, Inc., a Missouri corporation, filed its Articles of Dissolution with the Missouri Secretary of State. Dissolution was effective on December 30, 2005.

Said corporation requests that all persons and organizations who have claims against it present them immediately by letter to the corporation at:

Kent Coxe
C/o VanOsdol, Magruder, Erickson & Redmond, P.C.
911 Main St., Ste. 2400
Kansas City, MO 64105

All claims must include the name and address of the claimant, the amount claimed, the basis for the claim, and the date(s) on which the event(s) on which the claim is based occurred, a brief description of the nature of the debt or the basis for the claim.

NOTICE: Because of the dissolution of Waldo Riverside Farms, Inc. any claims against it will be barred unless a proceeding to enforce the claim is commenced within two years after the publication date of the two notices authorized by statute, whichever is published last.

MISSOURI REGISTER

Rule Changes Since Update to Code of State Regulations

February 1, 2006
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This cumulative table gives you the latest status of rules. It contains citations of rulemakings adopted or proposed after deadline for the monthly Update Service to the *Code of State Regulations*, citations are to volume and page number in the *Missouri Register*, except for material in this issue. The first number in the table cite refers to the volume number or the publication year—27 (2002), 28 (2003), 29 (2004) and 30 (2005). MoReg refers to *Missouri Register* and the numbers refer to a specific *Register* page, R indicates a rescission, W indicates a withdrawal, S indicates a statement of actual cost, T indicates an order terminating a rule, N.A. indicates not applicable, RUC indicates a rule under consideration, and F indicates future effective date.

Rule Number	Agency	Emergency	Proposed	Order	In Addition
	OFFICE OF ADMINISTRATION				
1 CSR 10	State Officials' Salary Compensation Schedule				27 MoReg 1724 28 MoReg 1861 29 MoReg 1610 30 MoReg 2435
1 CSR 10-4.010	Commissioner of Administration	30 MoReg 1783	30 MoReg 1697	30 MoReg 2407	
1 CSR 10-15.010	Commissioner of Administration	30 MoReg 1783	30 MoReg 1698	30 MoReg 2407	
1 CSR 20-5.020	Personnel Advisory Board and Division of Personnel		30 MoReg 2384		
1 CSR 30-5.010	Design and Construction		30 MoReg 2476		
1 CSR 35-1.050	Division of Facilities Management		30 MoReg 2478		
1 CSR 35-2.030	Division of Facilities Management		30 MoReg 2478		
	DEPARTMENT OF AGRICULTURE				
2 CSR 30-2.005	Animal Health		30 MoReg 1900	This Issue	
2 CSR 30-2.010	Animal Health		30 MoReg 1529	30 MoReg 2573	
2 CSR 70-13.030	Plant Industries		30 MoReg 2240		
2 CSR 70-13.040	Plant Industries		30 MoReg 2240		
2 CSR 90-20.040	Weights and Measures		31 MoReg 98		
2 CSR 90-22.140	Weights and Measures		31 MoReg 98		
2 CSR 90-23.010	Weights and Measures		31 MoReg 99		
2 CSR 90-25.010	Weights and Measures		31 MoReg 99		
	DEPARTMENT OF CONSERVATION				
3 CSR 10-4.110	Conservation Commission		30 MoReg 2142	31 MoReg 40	
3 CSR 10-4.113	Conservation Commission		30 MoReg 2142	31 MoReg 40	
3 CSR 10-4.130	Conservation Commission		30 MoReg 2143	31 MoReg 40	
3 CSR 10-4.135	Conservation Commission		30 MoReg 2017 31 MoReg 7	30 MoReg 2574	
3 CSR 10-4.136	Conservation Commission		30 MoReg 2017	30 MoReg 2574	
3 CSR 10-4.137	Conservation Commission		30 MoReg 2018	30 MoReg 2574	
3 CSR 10-4.140	Conservation Commission		30 MoReg 2018	30 MoReg 2575	
3 CSR 10-4.145	Conservation Commission		30 MoReg 2018	30 MoReg 2575	
3 CSR 10-5.205	Conservation Commission		30 MoReg 2241	31 MoReg 122	
3 CSR 10-5.215	Conservation Commission		30 MoReg 2143	31 MoReg 40	
3 CSR 10-5.352	Conservation Commission		30 MoReg 2143	31 MoReg 40	
3 CSR 10-5.552	Conservation Commission		30 MoReg 2144	31 MoReg 41	
3 CSR 10-5.554	Conservation Commission		30 MoReg 2144	31 MoReg 41	
3 CSR 10-6.405	Conservation Commission		30 MoReg 2144	31 MoReg 41	
3 CSR 10-6.410	Conservation Commission		30 MoReg 2145	31 MoReg 41	
3 CSR 10-6.415	Conservation Commission		30 MoReg 2145	31 MoReg 41	
3 CSR 10-6.510	Conservation Commission		30 MoReg 2145	31 MoReg 41	
3 CSR 10-6.511	Conservation Commission		30 MoReg 2146	31 MoReg 42	
3 CSR 10-6.515	Conservation Commission		30 MoReg 2146	31 MoReg 42	
3 CSR 10-6.535	Conservation Commission		30 MoReg 2019	30 MoReg 2575	
3 CSR 10-6.545	Conservation Commission		30 MoReg 2146	31 MoReg 42	
3 CSR 10-6.605	Conservation Commission		30 MoReg 2147	31 MoReg 42	
3 CSR 10-7.405	Conservation Commission		30 MoReg 2147	31 MoReg 42	
3 CSR 10-7.410	Conservation Commission		This Issue		
3 CSR 10-7.430	Conservation Commission		30 MoReg 2147	31 MoReg 42	
3 CSR 10-7.445	Conservation Commission		30 MoReg 2148	31 MoReg 43	
3 CSR 10-7.450	Conservation Commission		30 MoReg 2385	This Issue	
3 CSR 10-7.455	Conservation Commission				This Issue
3 CSR 10-8.505	Conservation Commission		30 MoReg 2148	31 MoReg 43	
3 CSR 10-8.510	Conservation Commission		30 MoReg 2148	31 MoReg 43	
3 CSR 10-8.515	Conservation Commission		30 MoReg 2386	This Issue	
3 CSR 10-9.105	Conservation Commission		30 MoReg 2149	31 MoReg 43	
3 CSR 10-9.110	Conservation Commission		30 MoReg 2153	31 MoReg 43	
3 CSR 10-9.220	Conservation Commission		30 MoReg 2153	31 MoReg 43	
3 CSR 10-9.353	Conservation Commission		30 MoReg 2154	31 MoReg 44	
3 CSR 10-9.565	Conservation Commission		30 MoReg 2154	31 MoReg 44	
3 CSR 10-10.711	Conservation Commission		30 MoReg 2386	This Issue	
3 CSR 10-10.716	Conservation Commission		30 MoReg 2388	This Issue	
3 CSR 10-10.722	Conservation Commission		30 MoReg 2155	31 MoReg 44	

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3 CSR 10-10.724	Conservation Commission		30 MoReg 2156	31 MoReg 44	
3 CSR 10-10.725	Conservation Commission		30 MoReg 2158	31 MoReg 44	
3 CSR 10-10.726	Conservation Commission		30 MoReg 2158	31 MoReg 45	
3 CSR 10-10.782	Conservation Commission		30 MoReg 2159	31 MoReg 45	
3 CSR 10-11.110	Conservation Commission		30 MoReg 2159	31 MoReg 45	
3 CSR 10-11.125	Conservation Commission		30 MoReg 2160	31 MoReg 45	
3 CSR 10-11.160	Conservation Commission		N.A.	31 MoReg 45	
3 CSR 10-11.180	Conservation Commission		30 MoReg 2160	31 MoReg 46	
3 CSR 10-11.200	Conservation Commission		30 MoReg 2161	31 MoReg 46	
3 CSR 10-11.205	Conservation Commission		30 MoReg 2162	31 MoReg 46	
3 CSR 10-11.210	Conservation Commission		30 MoReg 2163	31 MoReg 46	
3 CSR 10-11.215	Conservation Commission		30 MoReg 2163	31 MoReg 46	
3 CSR 10-12.109	Conservation Commission		30 MoReg 2164	31 MoReg 46	
3 CSR 10-12.110	Conservation Commission		30 MoReg 2164	31 MoReg 47	
3 CSR 10-12.115	Conservation Commission		30 MoReg 2019	30 MoReg 2575	
3 CSR 10-12.125	Conservation Commission		30 MoReg 2019	30 MoReg 2575	
3 CSR 10-12.145	Conservation Commission		30 MoReg 2165	31 MoReg 47	
3 CSR 10-20.805	Conservation Commission		30 MoReg 2165	31 MoReg 47	
	DEPARTMENT OF ECONOMIC DEVELOPMENT				
4 CSR 30-1.010	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		30 MoReg 2020	This Issue	
4 CSR 30-1.020	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		31 MoReg 7		
4 CSR 30-2.010	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		31 MoReg 8		
4 CSR 30-4.050	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		31 MoReg 9		
4 CSR 30-4.070	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		30 MoReg 2020	This Issue	
4 CSR 30-4.090	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		30 MoReg 2021	This Issue	
4 CSR 30-5.020	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		31 MoReg 10		
4 CSR 30-5.050	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		30 MoReg 2021	This Issue	
4 CSR 30-5.070	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		31 MoReg 10		
4 CSR 30-5.100	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		30 MoReg 2022	This Issue	
4 CSR 30-6.015	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		31 MoReg 11		
4 CSR 30-6.020	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		31 MoReg 13		
4 CSR 30-7.010	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		31 MoReg 13		
4 CSR 30-11.010	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		31 MoReg 13		
4 CSR 30-13.010	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		31 MoReg 14		
4 CSR 30-13.020	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		31 MoReg 15		
4 CSR 30-14.020	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		31 MoReg 16		
4 CSR 30-17.010	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		31 MoReg 16		
4 CSR 30-18.010	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		31 MoReg 16		
4 CSR 30-19.010	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		31 MoReg 16		
4 CSR 30-20.010	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		31 MoReg 17		
4 CSR 70-2.090	State Board of Chiropractic Examiners		30 MoReg 1792	30 MoReg 2575	
4 CSR 100	Division of Credit Unions				30 MoReg 2195 30 MoReg 2339 30 MoReg 2508 This Issue
4 CSR 100-2.045	Division of Credit Unions		30 MoReg 2479R		
4 CSR 150-3.010	State Board of Registration for the Healing Arts		This Issue		
4 CSR 150-3.030	State Board of Registration for the Healing Arts		This Issue		
4 CSR 150-3.050	State Board of Registration for the Healing Arts		This Issue		
4 CSR 150-3.110	State Board of Registration for the Healing Arts		This Issue		
4 CSR 150-3.150	State Board of Registration for the Healing Arts		This Issue		
4 CSR 200-4.020	State Board of Nursing		30 MoReg 1795	This Issue	
4 CSR 200-6.010	State Board of Nursing		30 MoReg 2022R		
4 CSR 200-6.020	State Board of Nursing		30 MoReg 2022		
4 CSR 200-6.030	State Board of Nursing		30 MoReg 2024		

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4 CSR 200-6.040	State Board of Nursing		30 MoReg 2025		
4 CSR 200-6.050	State Board of Nursing		30 MoReg 2032		
4 CSR 200-6.060	State Board of Nursing		30 MoReg 2032		
4 CSR 205-5.010	Missouri Board of Occupational Therapy		31 MoReg 17		
4 CSR 210-2.030	State Board of Optometry		This Issue		
4 CSR 210-2.070	State Board of Optometry		This Issue		
4 CSR 220-2.100	State Board of Pharmacy		30 MoReg 1534	30 MoReg 2576	
4 CSR 220-4.010	State Board of Pharmacy		30 MoReg 1538	30 MoReg 2576	
4 CSR 220-5.020	State Board of Pharmacy		30 MoReg 1538	30 MoReg 2576	
4 CSR 232-3.010	Missouri State Committee of Interpreters		31 MoReg 19		
4 CSR 240-2.071	Public Service Commission		30 MoReg 1332		
4 CSR 240-3.240	Public Service Commission		30 MoReg 2033R 30 MoReg 2034		
4 CSR 240-3.330	Public Service Commission		30 MoReg 2037R 30 MoReg 2037		
4 CSR 240-3.440	Public Service Commission		30 MoReg 2041R 30 MoReg 2041		
4 CSR 240-3.570	Public Service Commission		30 MoReg 2479		
4 CSR 240-3.635	Public Service Commission		30 MoReg 2045R 30 MoReg 2045		
4 CSR 240-13.055	Public Service Commission	This Issue			
4 CSR 240-31.010	Public Service Commission	30 MoReg 1435	30 MoReg 1617	31 MoReg 47	
4 CSR 240-31.030	Public Service Commission		30 MoReg 1617	31 MoReg 48	
4 CSR 240-31.050	Public Service Commission	30 MoReg 1435	30 MoReg 1618	31 MoReg 49	
4 CSR 240-31.060	Public Service Commission		30 MoReg 1619	31 MoReg 50	
4 CSR 240-31.080	Public Service Commission		30 MoReg 1619	31 MoReg 51	
4 CSR 255-1.040	Missouri Board for Respiratory Care		30 MoReg 1798	This Issue	
4 CSR 263-2.031	State Committee for Social Workers		30 MoReg 1708	30 MoReg 2576	
4 CSR 265-10.020	Division of Motor Carrier and Railroad Safety *(Changed to 7 CSR 265-10.020)*	30 MoReg 1889	30 MoReg 1900		
4 CSR 270-1.031	Missouri Veterinary Medical Board		31 MoReg 19		
4 CSR 270-1.050	Missouri Veterinary Medical Board		31 MoReg 20		
4 CSR 270-4.011	Missouri Veterinary Medical Board		31 MoReg 20		
4 CSR 270-4.041	Missouri Veterinary Medical Board		31 MoReg 23		
	DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION				
5 CSR 50-340.200	Division of School Improvement		30 MoReg 1620R	30 MoReg 2576R	
5 CSR 50-345.300	Division of School Improvement		30 MoReg 1620	30 MoReg 2576	
5 CSR 70-742.141	Special Education		N.A.	30 MoReg 2578	
5 CSR 80-800.200	Teacher Quality and Urban Education		30 MoReg 1621	30 MoReg 2580	
5 CSR 80-800.220	Teacher Quality and Urban Education		30 MoReg 1623	30 MoReg 2580	
5 CSR 80-800.230	Teacher Quality and Urban Education		30 MoReg 1625	30 MoReg 2581	
5 CSR 80-800.260	Teacher Quality and Urban Education		30 MoReg 1630	30 MoReg 2582	
5 CSR 80-800.270	Teacher Quality and Urban Education		30 MoReg 1632	30 MoReg 2582	
5 CSR 80-800.280	Teacher Quality and Urban Education		30 MoReg 1634	30 MoReg 2583	
5 CSR 80-800.290	Teacher Quality and Urban Education		30 MoReg 1636	30 MoReg 2583	
5 CSR 80-800.350	Teacher Quality and Urban Education		30 MoReg 1638	30 MoReg 2583	
5 CSR 80-800.360	Teacher Quality and Urban Education		30 MoReg 1640	30 MoReg 2584	
5 CSR 80-800.380	Teacher Quality and Urban Education		30 MoReg 1642	30 MoReg 2584	
5 CSR 80-860.010	Teacher Quality and Urban Education		30 MoReg 1903	This Issue	
	DEPARTMENT OF TRANSPORTATION				
7 CSR 10-2.010	Missouri Highways and Transportation Commission		30 MoReg 1708R	31 MoReg 51R	
7 CSR 10-24.010	Missouri Highways and Transportation Commission		30 MoReg 1904	31 MoReg 122	
7 CSR 10-24.020	Missouri Highways and Transportation Commission		30 MoReg 1906	31 MoReg 122	
7 CSR 10-24.030	Missouri Highways and Transportation Commission	30 MoReg 2373	30 MoReg 1907	31 MoReg 123	
7 CSR 10-24.040	Missouri Highways and Transportation Commission		30 MoReg 1907	31 MoReg 123W	
7 CSR 10-24.050	Missouri Highways and Transportation Commission		30 MoReg 1908	31 MoReg 123	
7 CSR 10-24.060	Missouri Highways and Transportation Commission		30 MoReg 1908	31 MoReg 123	
7 CSR 10-24.070	Missouri Highways and Transportation Commission		30 MoReg 1912	31 MoReg 127	
7 CSR 10-24.080	Missouri Highways and Transportation Commission		30 MoReg 1912	31 MoReg 127	
7 CSR 10-24.100	Missouri Highways and Transportation Commission		30 MoReg 1913	31 MoReg 127	
7 CSR 10-24.110	Missouri Highways and Transportation Commission	30 MoReg 2374	30 MoReg 1914	31 MoReg 128	

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7 CSR 10-24.120	Missouri Highways and Transportation Commission	30 MoReg 2376	30 MoReg 1914	31 MoReg 128	
7 CSR 10-24.130	Missouri Highways and Transportation Commission		30 MoReg 1915	31 MoReg 128	
7 CSR 10-24.140	Missouri Highways and Transportation Commission		30 MoReg 1915	31 MoReg 129	
7 CSR 10-24.150	Missouri Highways and Transportation Commission		30 MoReg 1916	31 MoReg 129	
7 CSR 10-24.200	Missouri Highways and Transportation Commission		30 MoReg 1916	31 MoReg 129	
7 CSR 10-24.210	Missouri Highways and Transportation Commission		30 MoReg 1917	31 MoReg 129	
7 CSR 10-24.300	Missouri Highways and Transportation Commission		30 MoReg 1917	31 MoReg 129	
7 CSR 10-24.310	Missouri Highways and Transportation Commission		30 MoReg 1919	31 MoReg 132	
7 CSR 10-24.320	Missouri Highways and Transportation Commission		30 MoReg 1919	31 MoReg 132	
7 CSR 10-24.330	Missouri Highways and Transportation Commission		30 MoReg 1920	31 MoReg 132	
7 CSR 10-24.413	Missouri Highways and Transportation Commission		30 MoReg 1920	31 MoReg 133	
7 CSR 10-25.010	Missouri Highways and Transportation Commission				31 MoReg 53
7 CSR 10-25.020	Missouri Highways and Transportation Commission		30 MoReg 1709	31 MoReg 133	
7 CSR 265-10.020	Motor Carrier and Railroad Safety *(Changed from 4 CSR 265-10.020)*	30 MoReg 1889	30 MoReg 1900	31 MoReg 135	30 MoReg 1960
	DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS				
8 CSR 10-4.190	Division of Employment Security	31 MoReg 5	31 MoReg 23		
8 CSR 50-2.020	Workers' Compensation	31 MoReg 83	31 MoReg 23		
8 CSR 50-5.060	Workers' Compensation	30 MoReg 2467	30 MoReg 2486		
8 CSR 60-2.025	Missouri Commission on Human Rights		30 MoReg 1921		
8 CSR 60-2.065	Missouri Commission on Human Rights		30 MoReg 1921		
8 CSR 60-2.100	Missouri Commission on Human Rights		30 MoReg 1922		
8 CSR 60-2.130	Missouri Commission on Human Rights		30 MoReg 1923		
8 CSR 60-2.150	Missouri Commission on Human Rights		30 MoReg 1923		
8 CSR 60-2.210	Missouri Commission on Human Rights		30 MoReg 1923		
	DEPARTMENT OF MENTAL HEALTH				
9 CSR 10-5.200	Director, Department of Mental Health	30 MoReg 1991	30 MoReg 1924	31 MoReg 135	
9 CSR 10-5.206	Director, Department of Mental Health		30 MoReg 2049	31 MoReg 136	
	DEPARTMENT OF NATURAL RESOURCES				
10 CSR 10-1.030	Air Conservation Commission		30 MoReg 1332	30 MoReg 2503	
10 CSR 10-5.510	Air Conservation Commission		30 MoReg 2049		
10 CSR 10-6.010	Air Conservation Commission		30 MoReg 1727	31 MoReg 136	
10 CSR 10-6.020	Air Conservation Commission		30 MoReg 1730	31 MoReg 139	
10 CSR 10-6.030	Air Conservation Commission		30 MoReg 1739	31 MoReg 144	
10 CSR 10-6.040	Air Conservation Commission		30 MoReg 1740	31 MoReg 145	
10 CSR 10-6.061	Air Conservation Commission		31 MoReg 25		
10 CSR 23-3.100	Geological Survey and Resource Assessment Division	30 MoReg 755	30 MoReg 2241		
10 CSR 23-5.050	Geological Survey and Resource Assessment Division	30 MoReg 760	30 MoReg 2249		
10 CSR 25-17.010	Hazardous Waste Management Commission		30 MoReg 2252		
10 CSR 25-17.020	Hazardous Waste Management Commission		30 MoReg 2252		
10 CSR 25-17.030	Hazardous Waste Management Commission		30 MoReg 2253		
10 CSR 25-17.040	Hazardous Waste Management Commission		30 MoReg 2254		
10 CSR 25-17.050	Hazardous Waste Management Commission		30 MoReg 2260		
10 CSR 25-17.060	Hazardous Waste Management Commission		30 MoReg 2267		
10 CSR 25-17.070	Hazardous Waste Management Commission		30 MoReg 2267		
10 CSR 25-17.080	Hazardous Waste Management Commission		30 MoReg 2274		
10 CSR 25-17.090	Hazardous Waste Management Commission		30 MoReg 2280		
10 CSR 25-17.100	Hazardous Waste Management Commission		30 MoReg 2286		
10 CSR 25-17.110	Hazardous Waste Management Commission		30 MoReg 2286		
10 CSR 25-17.120	Hazardous Waste Management Commission		30 MoReg 2287		
10 CSR 25-17.130	Hazardous Waste Management Commission		30 MoReg 2288		
10 CSR 25-17.140	Hazardous Waste Management Commission		30 MoReg 2288		
10 CSR 25-17.150	Hazardous Waste Management Commission		30 MoReg 2289		
10 CSR 25-17.160	Hazardous Waste Management Commission		30 MoReg 2295		
10 CSR 25-17.170	Hazardous Waste Management Commission		30 MoReg 2295		
10 CSR 40-7.011	Land Reclamation Commission	This Issue	31 MoReg 28		

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10 CSR 40-7.021	Land Reclamation Commission	This Issue	31 MoReg 32		
10 CSR 40-7.031	Land Reclamation Commission	This Issue	31 MoReg 33		
10 CSR 40-7.041	Land Reclamation Commission	This Issue	31 MoReg 34		
10 CSR 40-10.085	Land Reclamation Commission		30 MoReg 1124		
10 CSR 140-2.020	Division of Energy				30 MoReg 2096
	DEPARTMENT OF PUBLIC SAFETY				
11 CSR 10-5.010	Adjutant General	30 MoReg 1784	30 MoReg 1801	30 MoReg 2585	
11 CSR 10-7.010	Adjutant General	30 MoReg 2549	30 MoReg 2556		
11 CSR 30-5.020	Office of the Director		30 MoReg 1539	31 MoReg 51	
11 CSR 30-5.050	Office of the Director		30 MoReg 1539	31 MoReg 51	
11 CSR 30-10.010	Office of the Director		30 MoReg 2295	This Issue	
11 CSR 30-10.020	Office of the Director		30 MoReg 2296	This Issue	
11 CSR 45-5.180	Missouri Gaming Commission		30 MoReg 1644	30 MoReg 2504	
11 CSR 45-5.181	Missouri Gaming Commission		30 MoReg 1644	30 MoReg 2505	
11 CSR 45-5.237	Missouri Gaming Commission		30 MoReg 2488		
11 CSR 45-12.091	Missouri Gaming Commission		30 MoReg 1925	31 MoReg 51	
11 CSR 50-2.160	Missouri State Highway Patrol		30 MoReg 2296		
11 CSR 50-2.200	Missouri State Highway Patrol		30 MoReg 2297		
11 CSR 50-2.320	Missouri State Highway Patrol		30 MoReg 2297		
	DEPARTMENT OF REVENUE				
12 CSR 10-1.020	Director of Revenue		30 MoReg 2488		
12 CSR 10-2.195	Director of Revenue		30 MoReg 982R 30 MoReg 2489R		
12 CSR 10-3.470	Director of Revenue		30 MoReg 2489R		
12 CSR 10-3.566	Director of Revenue		30 MoReg 2489R		
12 CSR 10-3.568	Director of Revenue		30 MoReg 2490R		
12 CSR 10-3.892	Director of Revenue		30 MoReg 2490R		
12 CSR 10-5.030	Director of Revenue		30 MoReg 2050R	31 MoReg 145R	
12 CSR 10-5.045	Director of Revenue		30 MoReg 2050R	31 MoReg 145R	
12 CSR 10-5.055	Director of Revenue		30 MoReg 2051R	31 MoReg 145R	
12 CSR 10-5.065	Director of Revenue		30 MoReg 2051R	31 MoReg 145R	
12 CSR 10-5.072	Director of Revenue		30 MoReg 2051R	31 MoReg 145R	
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12 CSR 10-5.100	Director of Revenue		30 MoReg 2052R	31 MoReg 146R	
12 CSR 10-5.500	Director of Revenue		30 MoReg 2052R	31 MoReg 146R	
12 CSR 10-5.510	Director of Revenue		30 MoReg 2053R	31 MoReg 146R	
12 CSR 10-5.525	Director of Revenue		30 MoReg 2053R	31 MoReg 146R	
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12 CSR 10-5.575	Director of Revenue		30 MoReg 2168R	This IssueR	
12 CSR 10-5.585	Director of Revenue		30 MoReg 2168R	This IssueR	
12 CSR 10-5.590	Director of Revenue		30 MoReg 2168R	This IssueR	
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12 CSR 10-5.605	Director of Revenue		30 MoReg 2169R	This IssueR	
12 CSR 10-6.030	Director of Revenue		30 MoReg 2490		
12 CSR 10-11.050	Director of Revenue		30 MoReg 2169R	This IssueR	
12 CSR 10-11.060	Director of Revenue		30 MoReg 2169R	This IssueR	
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12 CSR 10-11.160	Director of Revenue		30 MoReg 2170R	This IssueR	
12 CSR 10-11.180	Director of Revenue		30 MoReg 2170R	This IssueR	
12 CSR 10-16.010	Director of Revenue		30 MoReg 2298R		
12 CSR 10-16.020	Director of Revenue		30 MoReg 2299R		
12 CSR 10-16.030	Director of Revenue		30 MoReg 2299R		
12 CSR 10-16.040	Director of Revenue		30 MoReg 2299		
12 CSR 10-16.050	Director of Revenue		30 MoReg 2300R		
12 CSR 10-16.060	Director of Revenue		30 MoReg 2300		
12 CSR 10-16.070	Director of Revenue		30 MoReg 2300		
12 CSR 10-16.090	Director of Revenue		30 MoReg 2301		
12 CSR 10-16.100	Director of Revenue		30 MoReg 2301		
12 CSR 10-16.110	Director of Revenue		30 MoReg 2302		
12 CSR 10-16.120	Director of Revenue		30 MoReg 2302		
12 CSR 10-16.130	Director of Revenue		30 MoReg 2303		
12 CSR 10-16.140	Director of Revenue		30 MoReg 2303		
12 CSR 10-16.150	Director of Revenue		30 MoReg 2304		
12 CSR 10-16.160	Director of Revenue		30 MoReg 2305R		
12 CSR 10-16.170	Director of Revenue		30 MoReg 2305		
12 CSR 10-23.390	Director of Revenue		30 MoReg 2559R		
12 CSR 10-23.420	Director of Revenue		This Issue		
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14 CSR 80-5.020	Intervention Fee Procedure	30 MoReg 2378	April 29, 2006

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19 CSR 30-1.074	Dispensing Without a Prescription	30 MoReg 1999	February 23, 2006
19 CSR 30-20.021	Organization and Management for Hospitals	30 MoReg 2000	March 9, 2006

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20 CSR 10-2.400	Records	30 MoReg 2003	February 23, 2006

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20 CSR 400-2.170	Early Intervention Part C Coverage	This Issue	June 29, 2006
20 CSR 400-3.650	Medicare Supplement Insurance Minimum Standards Act	30 MoReg 1219	February 2, 2006

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20 CSR 700-6.100	Applications, Fees and Renewals—Bail Bond Agents, General Bail Bond Agents and Surety Recovery Agents	This Issue	July 12, 2006

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22 CSR 10-2.010	Definitions	This Issue	June 29, 2006
22 CSR 10-2.010	Definitions	This Issue	June 29, 2006
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Executive Orders	Subject Matter	Filed Date	Publication
	2006		
06-01	Designates members of staff with supervisory authority over selected state agencies	January 10, 2006	Next Issue
06-02	Extends the deadline for the State Retirement Consolidation Commission to issue its final report and terminate operations to March 1, 2006	January 11, 2006	Next Issue
	2005		
05-01	Rescinds Executive Order 01-09	January 11, 2005	30 MoReg 261
05-02	Restricts new lease and purchase of vehicles, cellular phones, and office space by executive agencies	January 11, 2005	30 MoReg 262
05-03	Closes state's Washington D.C. office	January 11, 2005	30 MoReg 264
05-04	Authorizes Transportation Director to issue declaration of regional or local emergency with reference to motor carriers	January 11, 2005	30 MoReg 266
05-05	Establishes the 2005 Missouri State Government Review Commission	January 24, 2005	30 MoReg 359
05-06	Bans the use of video games by inmates in all state correctional facilities	January 24, 2005	30 MoReg 362
05-07	Consolidates the Office of Information Technology to the Office of Administration's Division of Information Services	January 26, 2005	30 MoReg 363
05-08	Consolidates the Division of Design and Construction to Division of Facilities Management, Design and Construction	February 2, 2005	30 MoReg 433
05-09	Transfers the Missouri Head Injury Advisory Council to the Department of Health and Senior Services	February 2, 2005	30 MoReg 435
05-10	Transfers and consolidates in-home care for elderly and disabled individuals from the Department of Elementary and Secondary Education and the Department of Social Services to the Department of Health and Senior Services	February 3, 2005	30 MoReg 437
05-11	Rescinds Executive Order 04-22 and orders the Department of Health and Senior Services and all Missouri health care providers and others that possess influenza vaccine adopt the Center for Disease Control and Prevention, Advisory Committee for Immunization Practices expanded priority group designations as soon as possible and update the designations as necessary	February 3, 2005	30 MoReg 439
05-12	Designates members of staff with supervisory authority over selected state agencies	March 8, 2005	30 MoReg 607
05-13	Establishes the Governor's Advisory Council for Plant Biotechnology	April 26, 2005	30 MoReg 1110
05-14	Establishes the Missouri School Bus Safety Task Force	May 17, 2005	30 MoReg 1299
05-15	Establishes the Missouri Task Force on Eminent Domain	June 28, 2005	30 MoReg 1610
05-16	Transfers all power, duties and functions of the State Board of Mediation to the Labor and Industrial Relations Commission of Missouri	July 1, 2005	30 MoReg 1612
05-17	Declares a DROUGHT ALERT for the counties of Bollinger, Butler, Cape Girardeau, Carter, Dunklin, Howell, Iron, Madison, Mississippi, New Madrid, Oregon, Pemiscot, Perry, Pike, Ralls, Reynolds, Ripley, Ste. Francois, Ste. Genevieve, Scott, Shannon, Stoddard and Wayne	July 5, 2005	30 MoReg 1693
05-18	Directs the Director of the Department of Insurance to adopt rules to protect consumer privacy while providing relevant information about insurance companies to the public	July 12, 2005	30 MoReg 1695
05-19	Creates the Insurance Advisory Panel to provide advice to the Director of Insurance	July 19, 2005	30 MoReg 1786
05-20	Establishes the Missouri Homeland Security Advisory Council. Creates the Division of Homeland Security within the Department of Public Safety. Rescinds Executive Orders 02-15 and 02-16	July 21, 2005	30 MoReg 1789
05-21	Creates and amends Meramec Regional Planning Commission to include Pulaski County	August 22, 2005	30 MoReg 2006
05-22	Establishes the State Retirement Consolidation Commission	August 26, 2005	30 MoReg 2008
05-23	Acknowledges regional state of emergency and temporarily waives regulatory requirements for vehicles engaged in interstate disaster relief	August 30, 2005	30 MoReg 2010
05-24	Implements the Emergency Mutual Assistance Compact (EMAC) with the state of Mississippi, directs SEMA to activate the EMAC plan, authorizes use of the Missouri National Guard	August 30, 2005	30 MoReg 2013

Executive Orders	Subject Matter	Filed Date	Publication
05-25	Implements the Emergency Mutual Assistance Compact (EMAC) with the state of Louisiana, directs SEMA to activate the EMAC plan, authorizes use of the Missouri National Guard	August 30, 2005	30 MoReg 2015
05-26	Declares a state of emergency in Missouri and suspends rules and regulations regarding licensing of healthcare providers while treating Hurricane Katrina evacuees	September 2, 2005	30 MoReg 2129
05-27	Directs all relevant state agencies to facilitate the temporary licensure of any healthcare providers accompanying and/or providing direct care to evacuees	September 2, 2005	30 MoReg 2131
05-28	Declares that a State of Emergency exists in the State of Missouri, directs that the Missouri State Emergency Operations Plan be activated, and authorizes the use of state agencies to provide support to the relocation of Hurricane Katrina disaster victims	September 4, 2005	30 MoReg 2133
05-29	Directs the Adjutant General call and order into active service such portions of the organized militia as he deems necessary to aid the executive officials of Missouri, to protect life and property, and to support civilian authorities	September 4, 2005	30 MoReg 2135
05-30	Governor Matt Blunt establishes the Office of Supplier and Workforce Diversity to replace the Office of Equal Opportunity. Declares policies and procedures for procuring goods and services and remedying discrimination against minority and women-owned business enterprises	September 8, 2005	30 MoReg 2137
05-31	Assigns the Missouri Community Service Commission to the Department of Economic Development	September 14, 2005	30 MoReg 2227
05-32	Grants leave to additional employees participating in disaster relief services	September 16, 2005	30 MoReg 2229
05-33	Directs the Department of Corrections to lead an interagency steering team for the Missouri Reentry Process (MRP)	September 21, 2005	30 MoReg 2231
05-34	Orders the Adjutant General to call into active service portions of the militia in response to the influx of Hurricane Rita victims	September 23, 2005	30 MoReg 2233
05-35	Declares a State of Emergency, directs the State Emergency Operations Plan be activated, and authorizes use of state agencies to provide support for the relocation of Hurricane Rita victims	September 23, 2005	30 MoReg 2235
05-36	Acknowledges regional state of emergency and temporarily waives regulatory requirements for commercial vehicles engaged in interstate disaster relief	September 23, 2005	30 MoReg 2237
05-37	Closes state offices on Friday, November 25, 2005	October 11, 2005	30 MoReg 2383
05-38	Implements the EMAC with the State of Florida in response to Hurricane Wilma	October 21, 2005	30 MoReg 2470
05-39	Acknowledges continuing regional state of emergency, temporarily limits regulatory requirements for commercial vehicles engaged in interstate disaster relief, and rescinds orders 05-23 and 05-36	October 25, 2005	30 MoReg 2472
05-40	Amends Executive Order 98-15 to increase the Missouri State Park Advisory Board from eight to nine members	October 26, 2005	30 MoReg 2475
05-41	Creates and establishes the Governor's Advisory Council for Veterans Affairs	November 14, 2005	30 MoReg 2552
05-42	Establishes the National Incident Management System (NIMS) as the standard for emergency incident management in the State of Missouri	November 14, 2005	30 MoReg 2554
05-43	Creates and establishes the Hispanic Business, Trade and Culture Commission and abolishes the Missouri Governor's Commission on Hispanic Affairs	November 30, 2005	31 MoReg 93
05-44	Declares a state of emergency and activates the Missouri State Emergency Operations Plan as a result of the failure of the dam at Taum Sauk Reservoir	December 14, 2005	31 MoReg 96
05-45	Directs the Adjutant General to activate the organized militia as needed as a result of the failure of the dam at Taum Sauk Reservoir	December 14, 2005	31 MoReg 97
05-46	Creates and establishes the Missouri Energy Task Force	December 27, 2005	This Issue
05-47	Directs that the issuance of overdimension and overweight permits by the Missouri Department of Transportation for commercial motor carriers engaged in cleanup efforts in Reynolds County resulting from the Taum Sauk Upper Reservoir failure shall be subject to interim application requirements	December 29, 2005	Next Issue

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RULEMAKING 1-2-3
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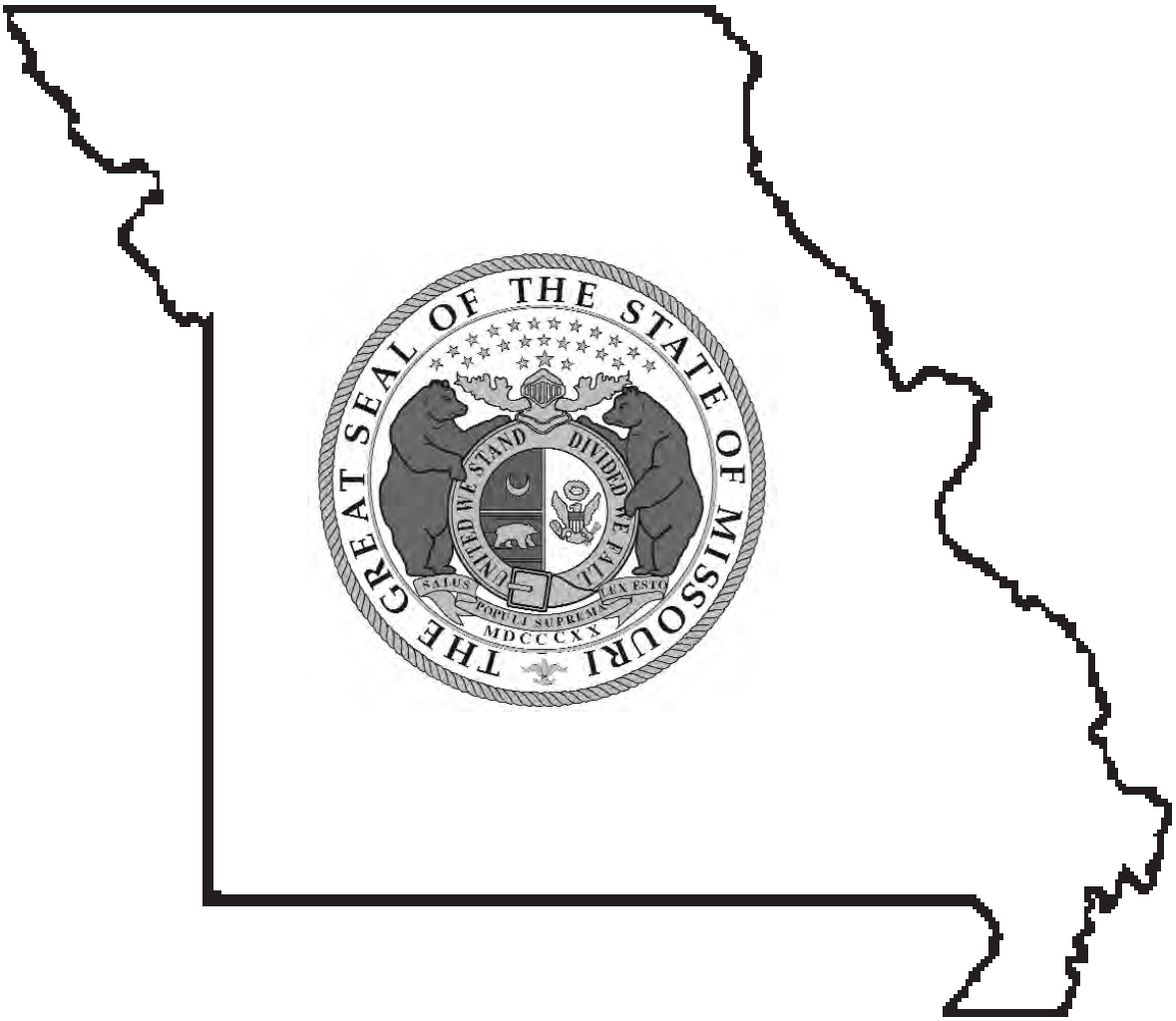

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